

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Document Number:
400576447

Date Received:

Completion Type Final completion Preliminary completion

1. OGCC Operator Number: 10489 4. Contact Name: Loni Davis
 2. Name of Operator: AUGUSTUS ENERGY RESOURCES LLC Phone: (970) 332-3585
 3. Address: 36695 HWY 385 Fax: (970) 332-3587
 City: WRAY State: CO Zip: 80758

5. API Number 05-125-12079-00 6. County: YUMA
 7. Well Name: Five Rivers Well Number: 22-19 2N46W
 8. Location: QtrQtr: SENW Section: 19 Township: 2N Range: 46W Meridian: 6
 Footage at surface: Distance: 1794 feet Direction: FNL Distance: 2299 feet Direction: FWL
 As Drilled Latitude: 40.128620 As Drilled Longitude: -102.559010

GPS Data:
 Date of Measurement: 04/05/2014 PDOP Reading: 1.4 GPS Instrument Operator's Name: John Thompson

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____
 ** If directional footage at Bottom Hole Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____

9. Field Name: WILDCAT 10. Field Number: 99999
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 03/17/2014 13. Date TD: 03/20/2014 14. Date Casing Set or D&A: 03/20/2014

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 2880 TVD** _____ 17 Plug Back Total Depth MD 2830 TVD** _____

18. Elevations GR 3978 KB 3984 One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:
Dual Induction Guard Log, Dual Induction Compensated Density/Neutron, Compensated Density/Neutron Gamma Ray, CBL

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	9+7/8	7	17	0	501	300	0	500	CALC
1ST	6+1/4	4+1/2	10.5	0	2,872	215	0	2,822	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
NIOBRARA	2,622	2,652	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Hard Copy of Logs were mailed on 4-10-14.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Loni J. Davis

Title: Oper. Acctg & Reg Spec. Date: _____ Email: ldavis@augustusenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400583744	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400576518	PDF-DUAL INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400576522	PDF-POROSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400576534	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400576542	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400583737	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)