

FORM
5
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
400494781

Date Received:
10/14/2013

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.

Completion Type Final completion Preliminary completion

1. OGCC Operator Number: 10275 4. Contact Name: Loni Davis
 2. Name of Operator: AUGUSTUS ENERGY PARTNERS LLC Phone: (970) 332-3585
 3. Address: 36695 HWY 385 Fax: (970) 332-3587
 City: WRAY State: CO Zip: 80758

5. API Number 05-125-11833-00 6. County: YUMA
 7. Well Name: SHIVELY Well Number: 02-12
 8. Location: QtrQtr: NWSW Section: 2 Township: 3S Range: 44W Meridian: 6
 Footage at surface: Distance: 1949 feet Direction: FSL Distance: 792 feet Direction: FWL
 As Drilled Latitude: 39.823412 As Drilled Longitude: -102.274612

GPS Data:
 Date of Measurement: 12/01/2010 PDOP Reading: 2.1 GPS Instrument Operator's Name: Travis Beran

** 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: BEECHER ISLAND 10. Field Number: 5997
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 06/11/2010 13. Date TD: 07/10/2010 14. Date Casing Set or D&A: 07/10/2010

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

16. Total Depth MD 2420 TVD** _____ 17 Plug Back Total Depth MD 2370 TVD** _____

18. Elevations GR 3658 KB 3670 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:
Compensated Density/Neutron Dual Induction; Dual Induction Guard Log Gamma Ray; Compensated Density/Neutron Gamma Ray

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 | 409 | 98 | 0 | 411 | VISU |
| 1ST | 6+1/4 | 4+1/2 | 11.6 | 0 | 2,409 | 110 | 1,450 | 2,420 | CALC |

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 | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

Per request from Diana Burn (10/07/13) Final Form 5 needs to be submitted on this location- the location was acquired from Rosetta Resources 01/01/11. Rosetta had not submitted all their paperwork prior to the Acquisition. The information on this Final Form 5 was taken from the Preliminary Form 5 filed by Rosetta 2/22/11 Doc #400135475. This is to change the Preliminary Form 5 to Final Form 5.

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: 10/14/2013 Email: ldavis@augustusenergy.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| | CMT Summary * | Yes <input type="checkbox"/> | No <input checked="" 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 type="checkbox"/> | No <input checked="" type="checkbox"/> |
| | Other | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| <u>Other Attachments</u> | | | |
| 400494781 | FORM 5 SUBMITTED | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---|-------------------------|
| Engineer | Instructed operator that a CBL must be run and submitted via Sundry (Form 4) prior to resumption of any activity or plugging/abandonment (per D.B.). Cement top calculated at 1450. Please enter actual cmt top in Well File upon receipt of CBL. | 3/3/2014 10:40:21 AM |
| Engineer | Emiled operator for CBL. | 1/2/2014 9:01:19 AM |

Total: 2 comment(s)