

**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



DE ET OE ES

Document Number:

400649438

Date Received:

**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: 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 05-125-12087-00

6. County: YUMA

7. Well Name: Legacy Acres

Well Number: 34-35 1S44W

8. Location: QtrQtr: SWSE Section: 35 Township: 1S Range: 44W Meridian: 6

Footage at surface: Distance: 799 feet Direction: FSL Distance: 2194 feet Direction: FEL

As Drilled Latitude: 39.921814 As Drilled Longitude: -102.268373

## GPS Data:

Date of Measurement: 07/25/2014 PDOP Reading: 1.8 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) 07/15/2014 13. Date TD: 07/16/2014 14. Date Casing Set or D&amp;A: 07/17/2014

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 2325 TVD\*\* 17 Plug Back Total Depth MD 2257 TVD\*\*

18. Elevations GR 3792 KB 3798

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:

High Resolution Induction/Compensated Density/Neutron, High Resolution Induction, Compensated Density/Neutron Gamma Ray, Cement Bond Log

## 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	20	0	480	280	0	480	CALC
1ST	6+1/4	4+1/2	10.5	0	2,302	183	0	2,260	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	
BENTONITE	2,014		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	2,102	2,130	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:	
Hard copy of logs were mailed on 8/05/14.	
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>					
400653324	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"/>
400653335	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400649439	PDF-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400649441	PDF-INDUCTION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400649446	PDF-DENSITY/NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400656759	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)