


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



DEETOEES

Document Number:  
400649577

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

2. Name of Operator: AUGUSTUS ENERGY RESOURCES LLC

3. Address: 36695 HWY 385  
City: WRAY State: CO Zip: 80758

4. Contact Name: Loni Davis  
Phone: (970) 332-3585  
Fax: (970) 332-3587

5. API Number 05-125-12088-00

6. County: YUMA

7. Well Name: Hays Well Number: 31-03 2S44W

8. Location: QtrQtr: Lot 2 Section: 3 Township: 2S Range: 44W Meridian: 6  
Footage at surface: Distance: 710 feet Direction: FNL Distance: 1466 feet Direction: FEL  
As Drilled Latitude: 39.917720 As Drilled Longitude: -102.284340

GPS Data:  
Data of Measurement: 08/02/2014 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: VERNON 10. Field Number: 86500

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 07/19/2014 13. Date TD: 07/21/2014 14. Date Casing Set or D&A: 07/21/2014

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

16. Total Depth MD 2323 TVD\*\* 17 Plug Back Total Depth MD 2259 TVD\*\*

18. Elevations GR 3803 KB 3809

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	406	245	0	406	CALC
1ST	6+1/4	4+1/2	10.5	0	2,303	190	0	2,262	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Date Run: 8/5/2014 Doc [#400649577] Well Name: Hays 31-03 2S44W

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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	2,004		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	2,092	2,121	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Hard copy of logs were mailed on 08/05/14.

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>					
400654415	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"/>
400654419	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400654388	PDF-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400654395	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400654399	PDF-INDUCTION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400654409	PDF-DENSITY/NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)