

FORM
5Rev
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:

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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 05-125-12101-00

6. County: YUMA

7. Well Name: Lundgren Farms

Well Number: 22-08 5N46W

8. Location: QtrQtr: SENW Section: 8 Township: 5N Range: 46W Meridian: 6

Footage at surface: Distance: 2348 feet Direction: FNL Distance: 2254 feet Direction: FWL

As Drilled Latitude: 40.417780 As Drilled Longitude: -102.522846

GPS Data:

Date of Measurement: 09/05/2014 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: PHUMA

10. Field Number: 68650

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 08/20/2014 13. Date TD: 08/22/2014 14. Date Casing Set or D&A: 08/23/2014

15. Well Classification:

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

16. Total Depth MD 2916 TVD** 17 Plug Back Total Depth MD 2854 TVD**

18. Elevations GR 3923 KB 3929

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:

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	506	240	0	506	CALC
1ST	6+1/4	4+1/2	10.5	0	2,899	312	0	2,831	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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Well could not be logged - MIRU Pioneer Wireline; Complete JSA; Held Tailgate Safety Meeting; Log well w/ CDL/CNL/ Dual Induction; Hit bridge @ 1560'. TOO H w/ Pioneer; TIH w/ BHA, DC & DP; Circulated through bridge @ 1560; Cleaned out to TD @ 2916'; C&C; TOO H; LDDP; LDDC & BHA; RU Pioneer Wireline; Log well w/ CDL/CNL/ Dual Induction; Hit bridge again @ 1560'. Tried to work through. TOO H w/ Pioneer; TIH w/ BHA, DC & DP; Didn't tag @ 1560' with DP; Cleaned out to TD @ 2916'; C&C; TOO H; LDDP; LDDC & BHA; Pumped poly pill @ 1600' during TOO H; RU Pioneer Wireline; Log well w/ CDL/CNL/ Dual Induction; Hit bridge @ 1457'.

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

Signed: _____ Print Name: Loni Davis

Title: Oper Acctg & Reg Spec

Date:

Email: ldavis@augustusenergy.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400682064	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"/>
400682066	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
400687913	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>