

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:

400687857

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 05-125-12102-00

6. County: YUMA

7. Well Name: Taylor Family

Well Number: 21-14 4N47W

8. Location: QtrQtr: NENW Section: 14 Township: 4N Range: 47W Meridian: 6

Footage at surface: Distance: 340 feet Direction: FNL Distance: 2250 feet Direction: FWL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** 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: BUFFALO GRASS

10. Field Number: 7781

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 08/30/2014 13. Date TD: 09/01/2014 14. Date Casing Set or D&A: 09/02/2014

15. Well Classification:

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

16. Total Depth MD 2975 TVD** 17 Plug Back Total Depth MD 2921 TVD**

18. Elevations GR 3943 KB 3949

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:

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	20	0	510	270	0	510	CALC
1ST	6+1/4	4+1/2	10.5	0	2,966	325	0	2,900	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			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

We were unable to log well: MIRU Pioneer Wireline; Complete JSA; Held Tailgate Safety Meeting; Log well w/ CDL/CNL/ Dual Induction; Hit bridge @ 1516'. TOOH w/ Pioneer; TIH w/ BHA, DC & DP; Circulated through bridge @ 1516'; Cleaned out to TD of 2975; C&C. TOOH; LDDP; LDDC. MIRU Pioneer Wireline; Complete JSA; Held Tailgate Safety Meeting; Log well w/ CDL/CNL/ Dual Induction; Hit bridge @ 1516'.

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>					
400687878	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"/>
400687880	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400687884	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)