

FORM  
5A

Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

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**COMPLETED INTERVAL REPORT**

The completed interval report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of 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: P O BOX 250 Fax: (970) 332-3587  
City: WRAY State: CO Zip: 80758

5. API Number 05-125-11882-00 6. County: YUMA  
7. Well Name: White Well Number: 44-03 1S46W  
8. Location: QtrQtr: Lot 16 Section: 3 Township: 1S Range: 46W Meridian: 6

Completed Interval

FORMATION: <u>NIOBRARA</u>		Status: <u>PRODUCING</u>	
Treatment Date: _____		Date of First Production this formation: _____	
Perforations	Top: <u>2330</u> Bottom: <u>2350</u>	No. Holes: <u>80</u>	Hole size: <u>0.4</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>used 43,814 gals. pHaserw/ 35Q containing 86,527# 16-30 Ottawa sand, &amp; 41 tons CO2</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Test Information:</b>			
Date: <u>09/05/2010</u>	Hours: <u>0</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>0</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:	Bbls oil: <u>0</u>	Mcf Gas: <u>45</u>	Bbls H2O: <u>0</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>38</u>	Tubing PSI: _____	Choke Size: <u>5/8</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1001</u>	API Gravity Oil: _____
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production: _____			
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____			
Bridge Plug Depth: _____ Sacks cement on top: _____			

Comment:

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

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ **Director of COGCC** Date: \_\_\_\_\_