

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



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COMPLETED INTERVAL REPORT

Document Number:

2556623

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: 2016 GRAND AVE STE A Fax: (970) 332-3587
 City: BILLINGS State: MT Zip: 59102

5. API Number 05-125-09427-00 6. County: YUMA
 7. Well Name: Barber Well Number: 11-18 5N46W
 8. Location: QtrQtr: NWNW Section: 18 Township: 5N Range: 46W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 06/26/2010 Date of First Production this formation: 06/27/2010

Perforations Top: 2726 Bottom: 2746 No. Holes: 40 Hole size: 47/100

Provide a brief summary of the formation treatment: _____ Open Hole:

USED 45,906 GALS PHASERW/ 35Q CONTAINING 102,537# 16-30 BRADY SAND, & 42 TONS CO2.

This formation is commingled with another formation: Yes No

Test Information:

Date: 06/29/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 80 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 80 Bbls H2O: 0 GOR: 0

Test Method: FLOWING Casing PSI: 76 Tubing PSI: _____ Choke Size: 1/2

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 996 API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes 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: JUSTINE J. STONE

Title: DRILLING & COMPLTN FOREMA Date: 6/30/2010 Email JSTONE@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: _____

David S. Neslin

Director of COGCC

Date: 11/1/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2556623	FORM 5A SUBMITTED	LF@2513348 2556623

Total Attach: 1 Files