

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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Document Number:

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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 05-125-11941-00 6. County: YUMA
7. Well Name: Roundtree Well Number: 33-33 1N46W
8. Location: QtrQtr: NWSE Section: 33 Township: 1N Range: 46W Meridian: 6
9. Field Name: YODEL Field Code: 98640

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 11/22/2010 Date of First Production this formation: 11/23/2010
Perforations Top: 2394 Bottom: 2414 No. Holes: 40 Hole size: 47/100
Provide a brief summary of the formation treatment: Open Hole: ☐
Used 34,571 gals. 30# Gel containing 50,060# 16-30 Daniels sand, 10,000# 12-20 Daniels sand, & 50 tons CO2.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 11/25/2010 Hours: 0 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 80 Bbls H2O: 0 GOR:
Test Method: Flowing Casing PSI: 28 Tubing PSI: Choke Size: 5/8
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1001 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: Loni J. Davis
Title: Oper Acctg & Reg Spec Date: Email ldavis@augustusenergy.com
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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: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)