

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:

400086416

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 05-125-11653-00 6. County: YUMA
7. Well Name: Johnson Prescott Well Number: 12-15 2S46W
8. Location: QtrQtr: SWNW Section: 15 Township: 2S Range: 46W Meridian: 6
9. Field Name: MILDRED Field Code: 54975

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 08/29/2010 Date of First Production this formation: 09/03/2010
Perforations Top: 2274 Bottom: 2294 No. Holes: 80 Hole size: 0.4
Provide a brief summary of the formation treatment: Open Hole: ☐
Used 47.085 gals. pHaserw/ 35Q containing 95,561# 16-30 Ottawa sand, & 50 tons CO2.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 09/09/2010 Hours: 0 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 49 Bbls H2O: 0 GOR: 0
Test Method: Flowing Casing PSI: 88 Tubing PSI: Choke Size: 1/2
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1000 API Gravity Oil: 0
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: 9/10/2010 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: David G. Neslin Director of COGCC Date: 2/17/2011

Attachment Check List

Att Doc Num	Name
400086416	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)