

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
----	----	----	----

Document Number:

2556906

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: _____
3. Address: 2016 GRAND AVE STE A Fax: _____
City: BILLINGS State: MT Zip: 59102

5. API Number 05-125-11267-00 6. County: YUMA
7. Well Name: Lippert Trust Well Number: 12-01 1S45W
8. Location: QtrQtr: SWNW Section: 1 Township: 1S Range: 45W Meridian: 6
9. Field Name: DUKE Field Code: 18890

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 06/26/2010 Date of First Production this formation: 06/26/2010
Perforations Top: 2324 Bottom: 2344 No. Holes: 40 Hole size: 47/100
Provide a brief summary of the formation treatment: Open Hole: ☐
USED 44332 GALS PHASER W/ 35Q CONTAINING 100040# 16-30 BRADY SAND AND 42 TONS CO2.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 07/03/2010 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 76 Bbls H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 70 Tubing PSI: _____ Choke Size: 3/4
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 988 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: JUSTIN STONE

Title: DRILLINS & COMP. FOREMAN Date: 7/6/2010 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 G. Neslin
Director of COGCC

Date: 2/21/2011

Attachment Check List

Att Doc Num	Name
2556906	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)