

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:

2556907

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 05-125-11268-00 6. County: YUMA
7. Well Name: Lippert Trust Well Number: 13-01 1S45W
8. Location: QtrQtr: NWSW Section: 1 Township: 1S Range: 45W Meridian: 6
9. Field Name: DUKE Field Code: 18890

Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>06/25/2010</u>	Date of First Production this formation: <u>06/26/2010</u>
Perforations Top: <u>2338</u> Bottom: <u>2358</u>	No. Holes: <u>40</u> Hole size: <u>47/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>USED 46294 PHASER W/ 35Q CONTAINING 100880# 16-30 BRADY SAND & 37 TONS CO2.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>07/08/2010</u> Hours: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>273</u> Bbls H2O: <u>0</u> GOR: <u>0</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>345</u> Tubing PSI: _____ Choke Size: <u>3/4</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u> BTU Gas: <u>988</u> API Gravity Oil: <u>0</u>
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: JUSTIN STONE

Title: DRILLING & COMP. FOREMAN Date: 7/9/2010 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
2556907	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)