

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

COMPLETED INTERVAL REPORT

Document Number:

400111858

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
2. Name of Operator: AUGUSTUS ENERGY PARTNERS LLC
3. Address: P O BOX 250
City: WRAY State: CO Zip: 80758
4. Contact Name: Loni Davis
Phone: (970) 332-3585
Fax: (970) 332-3587

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 [X] 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: 0

Test Method: Flowing Casing PSI: 28 Tubing PSI: Choke Size: 5/8

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1001 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: 11/29/2010 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 S. Neslin*

Director of COGCC

Date: 2/23/2011

**Attachment Check List**

Att Doc Num	Name
400111858	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)