

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 05-125-11698-00
6. County: YUMA
7. Well Name: Jones
Well Number: 32-18 1N44W
8. Location: QtrQtr: SWNE Section: 18 Township: 1N Range: 44W Meridian: 6
9. Field Name: REPUBLICAN Field Code: 73275

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 10/05/2011 Date of First Production this formation: 10/06/2011
Perforations Top: 2050 Bottom: 2070 No. Holes: 40 Hole size: 47/100
Provide a brief summary of the formation treatment: Open Hole: []
41,832 gals 30# Gel containing 50,140# 16/30 Texas Gold sand, 50,360# 12/20 Texas Gold sand, & 60 tons CO2.
This formation is commingled with another formation: [] Yes [X] No
Test Information:
Date: 10/10/2011 Hours: Bbls oil: Mcf Gas: 0 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: Mcf Gas: 124 Bbls H2O: 0 GOR: 0
Test Method: Flowing Casing PSI: 83 Tubing PSI: Choke Size: 3/4
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 997 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

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

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

Total: 0 comment(s)