

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:

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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  
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 05-125-11862-00  
6. County: YUMA  
7. Well Name: BROPHY  
Well Number: 01-11  
8. Location: QtrQtr: NESW Section: 1 Township: 1S Range: 44W Meridian: 6  
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA	Status: PRODUCING
Treatment Date: 11/06/2011	Date of First Production this formation: 11/07/2011
Perforations Top: 2052 Bottom: 2072	No. Holes: 40 Hole size: 47/100
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Used 36,730 gals 30# Gel containing 50,000# 16/30 Texas Gold sand, 25,020# 12/20 Texas Gold sand, & 60 tons CO2.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: 11/10/2011 Hours:	Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0
Calculated 24 hour rate:	Bbls oil: 0 Mcf Gas: 100 Bbls H2O: 0 GOR:
Test Method: Flowing	Casing PSI: 87 Tubing PSI: Choke Size: 1/2
Gas Disposition: SOLD	Gas Type: DRY BTU Gas: 982 API Gravity Oil:
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: 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**

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

Total: 0 comment(s)