

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

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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:
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: Yes No
Test Information:
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: 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)