

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:

400221797

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 05-125-11924-00 6. County: YUMA
7. Well Name: Lueking Well Number: 41-19 5N46W
8. Location: QtrQtr: NENE Section: 19 Township: 5N Range: 46W Meridian: 6
9. Field Name: ROCK CREEK Field Code: 74006

Completed Interval

FORMATION: <u>NIOBRARA</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>11/09/2011</u>		Date of First Production this formation: <u>11/10/2011</u>	
Perforations	Top: <u>2772</u> Bottom: <u>2792</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 43,581 gals 30# Gel containing 50,020# 16/30 Daniels sand, 50,000# 12/20 Daniels sand, & 60 tons CO2</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>11/21/2011</u>	Hours: <u> </u>	Bbls oil: <u> </u>	Mcf Gas: <u> </u> Bbls H2O: <u> </u>
Calculated 24 hour rate:		Bbls oil: <u> </u>	Mcf Gas: <u>26</u> Bbls H2O: <u>0</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>131</u>	Tubing PSI: <u> </u>	Choke Size: <u>3/8</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1000</u>	API Gravity Oil: <u> </u>
Tubing Size: <u> </u>	Tubing Setting Depth: <u> </u>	Tbg setting date: <u> </u>	Packer Depth: <u> </u>
Reason for Non-Production: <u> </u>			
Date formation Abandoned: <u> </u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u> </u>			
Bridge Plug Depth: <u> </u> Sacks cement on top: <u> </u>			

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)