

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:  
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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 05-125-09323-00 6. County: YUMA  
 7. Well Name: KGA Well Number: 13-11  
 8. Location: QtrQtr: NWSW Section: 13 Township: 3N Range: 45W Meridian: 6  
 9. Field Name: ECKLEY Field Code: 19415

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING  
 Treatment Date: 01/24/2006 Date of First Production this formation: 12/04/2011  
 Perforations Top: 2445 Bottom: 2451 No. Holes: 24 Hole size: 41/100  
 Provide a brief summary of the formation treatment: Open Hole:   
Used 500 gals 7.5% HCL, 100,600# 20/40 sand followed by 1,049,162 SCF CO2 and 723 bbls fluid  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 12/05/2011 Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_  
 Calculated 24 hour rate: Bbls oil: \_\_\_\_\_ Mcf Gas: 29 Bbls H2O: 0 GOR: 0  
 Test Method: Flowing Casing PSI: 530 Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_  
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1000 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:  
This well was purchased from Rosetta Resources 04/01/11. We did not receive a lot of information on this well. The Perf and Frac info on the Formation Information tab was taken from the documents scanned to the COGCC Scout card. The reference #'s for the previously submitted form 5 and 5A are 1513401 and 1513402 respectively. All logs were submitted in 2006 and 2011 and are scanned to the scout card.

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)