

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with 4 columns: DE, ET, OE, ES

Document Number:

400221894

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 05-125-11976-00
6. County: YUMA
7. Well Name: JP Brophy Federal
Well Number: 12-29 4N45W
8. Location: QtrQtr: SWNW Section: 29 Township: 4N Range: 45W Meridian: 6
9. Field Name: ECKLEY Field Code: 19415

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 11/10/2011 Date of First Production this formation: 11/11/2011
Perforations Top: 2638 Bottom: 2658 No. Holes: 40 Hole size: 47/100
Provide a brief summary of the formation treatment: Open Hole: []
Used 43,499 gals 30# Gel containing 50,020# 16/30 Daniels sand, 50,040# 12/20 Daniels sand, & 60 tons CO2
This formation is commingled with another formation: [] Yes [X] No
Test Information:
Date: 12/07/2011 Hours: Bbbs oil: 0 Mcf Gas: 0 Bbbs H2O: 0
Calculated 24 hour rate: Bbbs oil: 0 Mcf Gas: 100 Bbbs H2O: 0 GOR: 0
Test Method: Flowing Casing PSI: 210 Tubing PSI: Choke Size: 1/2
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1000 API Gravity Oil: 0
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: 12/12/2011 Email: ldavis@augustusenergy.com

Attachment Check List

Att Doc Num	Name
400221894	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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