

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 05-125-11983-00  
6. County: YUMA  
7. Well Name: Gardner Trust Well Number: 14-17 2N46W  
8. Location: QtrQtr: SWSW Section: 17 Township: 2N Range: 46W Meridian: 6  
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 01/03/2012 Date of First Production this formation: 01/04/2011

Perforations Top: 2563 Bottom: 2583 No. Holes: 40 Hole size: 47/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Used 42,186 gals 30# Gel containing 50,000# 16/30 Daniels sand, 50,600# 12/20 Texas Gold sand, & 60 tons CO2.

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 01/13/2012 Hours: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 253 Bbls H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 452 Tubing PSI: \_\_\_\_\_ Choke Size: 3/4

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 998 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: \_\_\_\_\_ 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)