

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

COMPLETED INTERVAL REPORT

Document Number: 400239362

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 05-125-11984-00
6. County: YUMA
7. Well Name: Gardner Trust
Well Number: 24-17 2N46W
8. Location: QtrQtr: SESW 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: 01/04/2012
Perforations Top: 2590 Bottom: 2610 No. Holes: 40 Hole size: 47/100
Provide a brief summary of the formation treatment: Open Hole: [ ]
Used 43,454 gals 30# Gel containing 50,020# 16/30 Daniels sand, 50,000# 12/20 Texas Gold sand, & 60 tons CO2.
This formation is commingled with another formation: [ ] Yes [X] 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: 167 Bbls H2O: 0 GOR: 0
Test Method: Flowing Casing PSI: 480 Tubing PSI: Choke Size: 5/8
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)