

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:

400239341

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 05-125-11982-00

6. County: YUMA

7. Well Name: Gardner Trust

Well Number: 13-17 2N46W

8. Location: QtrQtr: NWSW Section: 17 Township: 2N Range: 46W Meridian: 6

9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA

Status: PRODUCING

Treatment Date: 01/04/2012

Date of First Production this formation: 01/05/2012

Perforations	Top:	2596	Bottom:	2616	No. Holes:	40	Hole size:	47/100
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Provide a brief summary of the formation treatment:

Open Hole:

Used 43,458 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 ☒ No

Test Information:

Date:	01/13/2012	Hours:	Bbls oil:	0	Mcf Gas:	0	Bbls H2O:	0
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Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	198	Bbls H2O:	0	GOR:	0
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Test Method: Flowing	Casing PSI: 480	Tubing PSI:	Choke Size: 3/4
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Gas Disposition:	SOLD	Gas Type:	DRY	BTU Gas:	998	API Gravity Oil:	0
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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 & Req Spec Date: 1/16/2012 Email ldavis@augustusenergy.com

Attachment Check List

Att Doc Num	Name
400239341	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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