

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:

400244713

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 05-125-11258-00 6. County: YUMA
7. Well Name: STATE Well Number: 36-08
8. Location: QtrQtr: SENE Section: 36 Township: 1N Range: 46W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: <u>NIOBRARA</u>		Status: <u>PRODUCING</u>		
Treatment Date: _____		Date of First Production this formation: _____		
Perforations	Top: <u>2398</u>	Bottom: <u>2408</u>	No. Holes: <u>40</u>	Hole size: <u>42/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<u>Used 103,500# 16/30 Sand W/Max BH Conc. Of 4.1#</u>				
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Test Information:				
Date: <u>09/04/2009</u>	Hours: _____	Bbls oil: <u>0</u>	Mcf Gas: <u>0</u>	Bbls H2O: <u>0</u>
Calculated 24 hour rate:	Bbls oil: <u>0</u>	Mcf Gas: <u>446</u>	Bbls H2O: <u>0</u>	GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>160</u>	Tubing PSI: _____	Choke Size: <u>8/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>993</u>	API Gravity Oil: <u>0</u>	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	
Reason for Non-Production: _____				
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____				
Bridge Plug Depth: _____ Sacks cement on top: _____				

Comment:

This well was drilled and Completed by Rosetta Resources in 2008/2009. A Form 5A was not submitted by Rosetta Resources at the time of completion, therefore, Augustus Energy is submitting form based on daily well activity reports received from Rosetta Resources at the time of purchase 04/01/11.

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

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

Total: 0 comment(s)