

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:

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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 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 05-125-11257-00 6. County: YUMA  
7. Well Name: STATE Well Number: 36-07  
8. Location: QtrQtr: SWNE Section: 36 Township: 1N Range: 46W Meridian: 6  
9. Field Name: REPUBLICAN Field Code: 73275

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING  
Treatment Date: 12/03/2008 Date of First Production this formation: 12/07/2008  
Perforations Top: 2410 Bottom: 2420 No. Holes: 40 Hole size: 42/100  
Provide a brief summary of the formation treatment: Open Hole: ☐  
Used Approx 92,500# Of 16/30 Sand W/Max BH Conc. Of 4.2#  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 09/04/2009 Hours:        Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 209 Bbls H2O: 0 GOR: 0  
Test Method: Flowing Casing PSI: 110 Tubing PSI:        Choke Size:         
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 993 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:

This well was acquired from Rosetta Resources and the well history we received on this well is lacking some information. I completed the form to the best of knowlege with the information that is available.

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  
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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)