

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  
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 05-125-11257-00  
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

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)