

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:

400244970

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
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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
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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
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Calculated 24 hour rate:	Bbls oil:	0	Mcf Gas:	209	Bbls H2O:	0	GOR:	0
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Test Method: Flowing	Casing PSI: 110	Tubing PSI:	Choke Size:
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Gas Disposition:	SOLD	Gas Type:	DRY	BTU Gas:	993	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:

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 knowledge 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 & Req Spec Date: 1/24/2012 Email ldavis@augustusenergy.com

Attachment Check List

Att Doc Num	Name
1698794	CEMENT JOB SUMMARY
400244970	FORM 5A SUBMITTED

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Cement ticket rcd 2/6/2012	2/6/2012 1:27:17 PM
Permit	Email to opr requesting cement ticket 1/25/2012 NKP	1/25/2012 6:12:21 PM

Total: 2 comment(s)