

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
----	----	----	----

Document Number:
400259301

Date Received:
03/12/2012

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: 2016 GRAND AVE STE A Fax: (970) 332-3587
 City: BILLINGS State: MT Zip: 59102

5. API Number 05-125-12024-00 6. County: YUMA
 7. Well Name: Rockwell Well Number: 24-13A 1S45W
 8. Location: QtrQtr: SESW Section: 13 Township: 1S Range: 45W Meridian: 6
 9. Field Name: DUKE Field Code: 18890

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 03/08/2012 Date of First Production this formation: 03/09/2012

Perforations Top: 2264 Bottom: 2284 No. Holes: 40 Hole size: 47/100

Provide a brief summary of the formation treatment: Open Hole:

Used 43,304 gals 30# Gel containing 50,060# 16/30 Daniels sand, 50,320# 12/20 Texas Gold sand, & 60 tons CO2.

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/11/2012 Hours: _____ Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 175 Bbls H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 270 Tubing PSI: _____ Choke Size: 75/100

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 995 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:

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: 3/12/2012 Email: ldavis@augustusenergy.com

Attachment Check List

Att Doc Num	Name
400259301	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	per opr: Would you mind adding these to the Form 5A for the Rockwell 24-13A API 05-125-12024: MCF of 175 and 0 bbls of water.	4/2/2012 9:32:42 AM

Total: 1 comment(s)