

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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



Table with columns DE, ET, OE, ES

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Date Received:

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: 10489
2. Name of Operator: AUGUSTUS ENERGY RESOURCES LLC
3. Address: 36695 HWY 385
City: WRAY State: CO Zip: 80758
4. Contact Name: Loni Davis
Phone: (970) 332-3585
Fax: (970) 332-3587
Email: ldavis@augustusenergy.com

5. API Number 05-125-12079-00
6. County: YUMA
7. Well Name: Five Rivers
Well Number: 22-19 2N46W
8. Location: QtrQtr: SENW Section: 19 Township: 2N Range: 46W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/01/2014 End Date: 04/01/2014 Date of First Production this formation: 04/01/2014
Perforations Top: 2630 Bottom: 2650 No. Holes: 40 Hole size: 47/100

Provide a brief summary of the formation treatment: Open Hole: []
Total usage of 50,160 16/30 Brown sand, 50,060# 12/20 Brown sand, & 518,100 scf N2

This formation is commingled with another formation: [] Yes [X] No
Total fluid used in treatment (bbl): 338 Max pressure during treatment (psi): 2172
Total gas used in treatment (mcf): 518 Fluid density at initial fracture (lbs/gal): 8.33
Type of gas used in treatment: NITROGEN Min frac gradient (psi/ft): 0.50
Total acid used in treatment (bbl): 12 Number of staged intervals: 6
Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 0
Fresh water used in treatment (bbl): 326 Disposition method for flowback:
Total proppant used (lbs): 100220 Rule 805 green completion techniques were utilized: [X]
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/01/2014 Hours: 3 Bbl oil: 0 Mcf Gas: 36 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 0 GOR: 0
Test Method: Flowing Casing PSI: 1250 Tubing PSI: Choke Size: 8/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 998 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: ** Wireline and Cement Job Summary must be attached.

Comment:

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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
:

Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)