

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: 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 05-125-12084-00 6. County: YUMA 7. Well Name: Hays 8. Location: QtrQtr: SWNE Section: 3 Township: 2S Range: 44W Meridian: 6 9. Field Name: VERNON Field Code: 86500

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/05/2014 End Date: 08/05/2014 Date of First Production this formation: 08/05/2014 Perforations Top: 2152 Bottom: 2172 No. Holes: 40 Hole size: 47/100

Provide a brief summary of the formation treatment: Open Hole: [ ] Total usage of 50,100 16/30 Texas Gold sand, 50,420# 12/20 Texas Gold sand, & 470,000 scf N2 w/ 2 cooldowns

This formation is commingled with another formation: [ ] Yes [X] No

Total fluid used in treatment (bbl): 370 Max pressure during treatment (psi): 1622 Total gas used in treatment (mcf): 470 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): 0 Flowback volume recovered (bbl): 0 Fresh water used in treatment (bbl): 0 Disposition method for flowback: Rule 805 green completion techniques were utilized: [X]

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/05/2014 Hours: 14 Bbl oil: 0 Mcf Gas: 134 Bbl H2O: 0 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 0 GOR: 0 Test Method: Flowing Casing PSI: 952 Tubing PSI: Choke Size: 8/64 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 997 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: 8/14/2014 Email ldavis@augustusenergy.com  
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### **Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>
400656817	FORM 5A SUBMITTED
400661608	WELLBORE DIAGRAM

Total Attach: 2 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

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