

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400086357

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 05-125-10928-00
6. County: YUMA
7. Well Name: Roundtree
Well Number: 21-35 1N46W
8. Location: QtrQtr: NENW Section: 35 Township: 1N Range: 46W Meridian: 6

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: _____ Date of First Production this formation: _____
Perforations Top: 2186 Bottom: 2206 No. Holes: 80 Hole size: 0.4
Provide a brief summary of the formation treatment: _____ Open Hole:
Used 47,314 gals. pHaserw/ 35Q containing 94,862# 16-30 Ottawa sand, & 36 tons CO2.
This formation is commingled with another formation: Yes No
Test Information:
Date: 09/03/2010 Hours: 0 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 153 Bbls H2O: 0 GOR: 0
Test Method: Flowing Casing PSI: 200 Tubing PSI: _____ Choke Size: 3/4
Gas Disposition: SOLD Gas Type: DRY BTU Gas: _____ API Gravity Oil: _____
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: _____ 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: _____