

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



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Document Number:

2505139

**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 J. 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 05-125-11821-00 6. County: YUMA  
7. Well Name: Crossland State Well Number: 34-36 5N47W  
8. Location: QtrQtr: SWSE Section: 36 Township: 5N Range: 47W Meridian: 6  
9. Field Name: ROCK CREEK Field Code: 74006

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING  
Treatment Date: 07/08/2010 Date of First Production this formation: 07/09/2010  
Perforations Top: 2720 Bottom: 2740 No. Holes: 40 Hole size: 47/100  
Provide a brief summary of the formation treatment: Open Hole: ☐  
USED 45,008 GALS. PHASERW/35Q CONTAINING 99,905# 16-30 BRADY SAND, & 39 TONS CO2.  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 07/12/2010 Hours:        Bbls oil:        Mcf Gas:        Bbls H2O:         
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 145 Bbls H2O: 0 GOR: 0  
Test Method: FLOWING Casing PSI: 55 Tubing PSI:        Choke Size: 3/4  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 996 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: JUSTIN J. STONE

Title: DRILLING & COMPLETION Date: 7/13/2010 Email JSTONE@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: \_\_\_\_\_

*David G. Neslin*  
Director of COGCC

Date: 2/16/2011

**Attachment Check List**

Att Doc Num	Name
2505139	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

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