

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



Table with columns DE, ET, OE, ES

Document Number:

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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: 10275
2. Name of Operator: AUGUSTUS ENERGY PARTNERS LLC
3. Address: 2016 GRAND AVE STE A
City: BILLINGS State: MT Zip: 59102
4. Contact Name: Loni Davis
Phone: (970) 332-3585
Fax: (970) 332-3587

5. API Number 05-125-11397-00
6. County: YUMA
7. Well Name: Kirchenschlager
Well Number: 22-11 1N47W
8. Location: QtrQtr: SENW Section: 11 Township: 1N Range: 47W Meridian: 6
9. Field Name: SCHRAMM Field Code: 76825

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 03/15/2011 Date of First Production this formation: 03/16/2011

Perforations Top: 2584 Bottom: 2604 No. Holes: 40 Hole size: 47/100

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

Used 41,750 gals. 30# Gel containing 50,020# 16-30 Daniels sand, 50,100# 12-20 Texas Gold sand, & 58 tons CO2.

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

Test Information:

Date: 03/24/2011 Hours: Bbls oil: Mcf Gas: Bbls H2O:

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 50 Bbls H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 185 Tubing PSI: Choke Size: 1/2

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1001 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

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)