

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

Document Number:
400141242

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: 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 05-125-11395-00
6. County: YUMA
7. Well Name: Kirchenschlager
Well Number: 11-11 1N47W
8. Location: QtrQtr: NWNW 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: 2580 Bottom: 2600 No. Holes: 40 Hole size: 47/100
Provide a brief summary of the formation treatment: _____ Open Hole:
Used 42,183 gals. 30# Gel containing 50,040# 16-30 Daniels sand, 50,240# 12-20 Texas Gold sand, & 58 tons CO2
This formation is commingled with another formation: Yes No
Test Information:
Date: 03/18/2011 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 84 Bbls H2O: 0 GOR: 0
Test Method: Flowing Casing PSI: 38 Tubing PSI: _____ Choke Size: 5/8
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1001 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: Loni J. Davis
Title: Oper Acctg & Reg Spec Date: 3/21/2011 Email ldavis@augustusenergy.com

Attachment Check List

Att Doc Num	Name
400141242	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)