

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:

400142165

**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 Davis  
2. Name of Operator: AUGUSTUS ENERGY PARTNERS LLC Phone: (970) 332-3585  
3. Address: P O BOX 250 Fax: (970) 332-3587  
City: WRAY State: CO Zip: 80758

5. API Number 05-125-11920-00 6. County: YUMA  
7. Well Name: Lueking Well Number: 43-13 5N47W  
8. Location: QtrQtr: NESE Section: 13 Township: 5N Range: 47W Meridian: 6  
9. Field Name: ROCK CREEK Field Code: 74006

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 03/18/2011 Date of First Production this formation: 03/19/2011  
Perforations Top: 2740 Bottom: 2760 No. Holes: 40 Hole size: 47/100

Provide a brief summary of the formation treatment: Open Hole: ☐

Used 41,759 gals. 30# Gel containing 50,040# 16-30 Daniels sand, 50,120# 12-20 Texas Gold sand, & 58 tons CO2.

This formation is commingled with another formation: ☐ Yes ☒ No

**Test Information:**

Date: 03/23/2011 Hours:        Bbls oil:        Mcf Gas:        Bbls H2O:         
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 110 Bbls H2O: 0 GOR: 0  
Test Method: Flowing Casing PSI: 122 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: Loni J. Davis

Title: Oper Acctg & Reg Spec Date: 3/24/2011 Email ldavis@augustusenergy.com

### Attachment Check List

Att Doc Num	Name
400142165	FORM 5A SUBMITTED

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### General Comments

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

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