

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:

400221797

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 05-125-11924-00 6. County: YUMA
7. Well Name: Lueking Well Number: 41-19 5N46W
8. Location: QtrQtr: NENE Section: 19 Township: 5N Range: 46W Meridian: 6
9. Field Name: ROCK CREEK Field Code: 74006

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
Treatment Date: 11/09/2011 Date of First Production this formation: 11/10/2011
Perforations Top: 2772 Bottom: 2792 No. Holes: 40 Hole size: 47/100
Provide a brief summary of the formation treatment: Open Hole: ☐
Used 43,581 gals 30# Gel containing 50,020# 16/30 Daniels sand, 50,000# 12/20 Daniels sand, & 60 tons CO2
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 11/21/2011 Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 26 Bbls H2O: 0 GOR: 0
Test Method: Flowing Casing PSI: 131 Tubing PSI: _____ Choke Size: 3/8
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1000 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: 11/28/2011 Email: ldavis@augustusenergy.com

Attachment Check List

Att Doc Num	Name
400221797	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)