

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:

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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 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 05-125-11981-00 6. County: YUMA
7. Well Name: D Blach Well Number: 42-10 1N47W
8. Location: QtrQtr: SENE Section: 10 Township: 1N Range: 47W Meridian: 6
9. Field Name: SCHRAMM Field Code: 76825

Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>12/20/2011</u>	Date of First Production this formation: <u>12/21/2011</u>
Perforations Top: <u>2578</u> Bottom: <u>2598</u>	No. Holes: <u>40</u> Hole size: <u>47/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Used 43,446 gals 30# Gel containing 50,000# 16/30 Daniels sand, 50,000# 12/20 Texas Gold sand, & 60 tons CO2.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>12/27/2011</u> Hours: <u> </u>	Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>94</u> Bbls H2O: <u>0</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>225</u> Tubing PSI: <u> </u> Choke Size: <u>1/2</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u> BTU Gas: <u>999</u> API Gravity Oil: <u>0</u>
Tubing Size: <u> </u> Tubing Setting Depth: <u> </u>	Tbg setting date: <u> </u> Packer Depth: <u> </u>
Reason for Non-Production: <u> </u>	
Date formation Abandoned: <u> </u>	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u> </u>
Bridge Plug Depth: <u> </u>	Sacks cement on top: <u> </u>

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

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: _____ Director of COGCC Date: _____

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)