

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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| DE | ET | OE | ES |
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Document Number:

400233099

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 05-125-12007-00

6. County: YUMA

7. Well Name: Kerbs L & C

Well Number: 08-06 1S45W

8. Location: QtrQtr: SENW Section: 8 Township: 1S Range: 45W Meridian: 6

9. Field Name: REPUBLICAN Field Code: 73275

Completed Interval

FORMATION: NIOBRARA

Status: PRODUCING

Treatment Date: 12/21/2011

Date of First Production this formation: 12/22/2011

| | | | | | | | | |
|--------------|------|------|---------|------|------------|----|------------|--------|
| Perforations | Top: | 2316 | Bottom: | 2336 | No. Holes: | 40 | Hole size: | 47/100 |
|--------------|------|------|---------|------|------------|----|------------|--------|

Provide a brief summary of the formation treatment:

Open Hole:

Used 43,271 gals 30# Gel containing 50,040# 16/30 Daniels sand, 50,020# 12/20 Texas Gold sand, & 60 tons CO2.

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

Test Information:

| | | | | | | | | |
|-------|------------|--------|-----------|---|----------|---|-----------|---|
| Date: | 12/27/2011 | Hours: | Bbls oil: | 0 | Mcf Gas: | 0 | Bbls H2O: | 0 |
|-------|------------|--------|-----------|---|----------|---|-----------|---|

| | | | | | | | | |
|--------------------------|-----------|---|----------|-----|-----------|---|------|---|
| Calculated 24 hour rate: | Bbls oil: | 0 | Mcf Gas: | 112 | Bbls H2O: | 0 | GOR: | 0 |
|--------------------------|-----------|---|----------|-----|-----------|---|------|---|

| | | | |
|----------------------|----------------|---------------|-----------------|
| Test Method: Flowing | Casing PSI: 70 | Tubing PSI: 0 | Choke Size: 1/2 |
|----------------------|----------------|---------------|-----------------|

| | | | | | | | |
|------------------|------|-----------|-----|----------|-----|------------------|---|
| 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 & Req Spec Date: 12/28/2011 Email ldavis@augustusenergy.com

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400233099 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)