

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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Date Received:

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: 2016 GRAND AVE STE A Fax: (970) 332-3587
 City: BILLINGS State: MT Zip: 59102

5. API Number 05-125-12017-00 6. County: YUMA
 7. Well Name: Rockwell Well Number: 24-13B 1S45W
 8. Location: QtrQtr: SESW Section: 13 Township: 1S Range: 45W Meridian: 6
 9. Field Name: DUKE Field Code: 18890

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING
 Treatment Date: 03/07/2012 Date of First Production this formation: 03/08/2012
 Perforations Top: 2282 Bottom: 2302 No. Holes: 40 Hole size: 47/100
 Provide a brief summary of the formation treatment: Open Hole:
Used 43,254 gals 30# Gel containing 50,020# 16/30 Daniels sand, 50,000# 12/20 Texas Gold sand, & 60 tons CO2.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 03/12/2012 Hours: _____ Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 100 Bbls H2O: 0 GOR: 0
 Test Method: Flowing Casing PSI: 264 Tubing PSI: _____ Choke Size: 5/8
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 995 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: _____ Email: ldavis@augustusenergy.com

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)