

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 2. Name of Operator: AUGUSTUS ENERGY PARTNERS LLC 3. Address: 2016 GRAND AVE STE A City: BILLINGS State: MT Zip: 59102 4. Contact Name: Loni Davis Phone: (970) 332-3585 Fax: (970) 332-3587

5. API Number 05-125-11417-00 6. County: YUMA 7. Well Name: R. Godsey Well Number: 14-35 2N46W 8. Location: QtrQtr: SWSW Section: 35 Township: 2N Range: 46W Meridian: 6 9. Field Name: REPUBLICAN Field Code: 73275

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/08/2013 End Date: 05/08/2013 Date of First Production this formation: 05/09/2013

Perforations Top: 2524 Bottom: 2544 No. Holes: 40 Hole size: 47/100

Provide a brief summary of the formation treatment: Open Hole: []

Total usage of 49,780 16/30 Texas Gold sand, 50,800# 12/20 Texas Gold sand, & 490,000 scf N2

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 355 Max pressure during treatment (psi): 1774

Total gas used in treatment (mcf): 490 Fluid density at initial fracture (lbs/gal): 8.33

Type of gas used in treatment: NITROGEN Min frac gradient (psi/ft): 0.50

Total acid used in treatment (bbl): 12 Number of staged intervals: 6

Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 220

Fresh water used in treatment (bbl): 343 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 100580 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/14/2013 Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 60 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 435 Tubing PSI: Choke Size: 1/2

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 998 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: ** Wireline and Cement Job Summary must be attached.

Comment:

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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)