

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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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 05-125-12075-00
6. County: YUMA
7. Well Name: Wise
Well Number: DB-18 5N46W
8. Location: QtrQtr: NWNE Section: 18 Township: 5N Range: 46W Meridian: 6
9. Field Name: ROCK CREEK Field Code: 74006

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 05/13/2013 End Date: 05/13/2013 Date of First Production this formation: 05/14/2013

Perforations Top: 2728 Bottom: 2748 No. Holes: 40 Hole size: 47/100

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

Total usage of 50,020 16/30 Texas Gold sand, 49,940# 12/20 Texas Gold sand, & 385,000 scf N2

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

Total fluid used in treatment (bbl): 399 Max pressure during treatment (psi): 1407

Total gas used in treatment (mcf): 385 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): 241

Fresh water used in treatment (bbl): 387 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 99960 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: 05/17/2013 Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 41 Bbl H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 140 Tubing PSI: 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: ** 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: 5/22/2013 Email ldavis@augustusenergy.com
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Attachment Check List

Att Doc Num **Name**

400413054	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)