

FORM 5A

Rev 06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number: 400583899

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: 36695 HWY 385 Fax: (970) 332-3587
 City: WRAY State: CO Zip: 80758 Email: ldavis@augustusenergy.com

5. API Number 05-125-08861-00 6. County: YUMA
 7. Well Name: SHINER Well Number: 01-31
 8. Location: QtrQtr: NESE Section: 31 Township: 5N Range: 45W Meridian: 6
 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/02/2014 End Date: 04/02/2014 Date of First Production this formation: 04/02/2014

Perforations Top: 2680 Bottom: 2700 No. Holes: 40 Hole size: 47/100

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

Total usage of 50,020 16/30 Brown sand, 50,320# 12/20 Brown sand, & 476,000 scf N2

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 353 Max pressure during treatment (psi): 1550

Total gas used in treatment (mcf): 476 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): 0 Flowback volume recovered (bbl): 0

Fresh water used in treatment (bbl): 341 Disposition method for flowback: _____

Total proppant used (lbs): 100340 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/05/2014 Hours: 4 Bbl oil: 0 Mcf Gas: 26 Bbl H2O: 0

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

Test Method: Flowing Casing PSI: 1070 Tubing PSI: _____ Choke Size: 8/64

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:

This well has been WOC since 2004. Was MIT'd in May 2007 and March 2012. Form 5 was filed by J-W Operating in Sept 2004. Logs and Cement Summaries were submitted in 2004. I have attached the CBL to this form.

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

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Attachment Check List

Att Doc Num **Name**

400583919	OTHER
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Total Attach: 1 Files

General Comments

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

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Total: 0 comment(s)