

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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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: 10489 4. Contact Name: Loni Davis
 2. Name of Operator: AUGUSTUS ENERGY RESOURCES 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 05-125-12088-00 6. County: YUMA
 7. Well Name: Hays Well Number: 31-03 2S44W
 8. Location: QtrQtr: Lot 2 Section: 3 Township: 2S Range: 44W Meridian: 6
 9. Field Name: VERNON Field Code: 86500

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/05/2014 End Date: 08/05/2014 Date of First Production this formation: 08/05/2014

Perforations Top: 2098 Bottom: 2118 No. Holes: 40 Hole size: 47/100

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

Total usage of 50,060 16/30 Texas Gold sand, 55,120# 12/20 Texas Gold sand, & 480,000 scf N2 w/ 3 cooldowns. ATP 1,348#.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 378 Max pressure during treatment (psi): 2186

Total gas used in treatment (mcf): 480 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): 0 Disposition method for flowback: _____

Total proppant used (lbs): 105180 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/05/2014 Hours: 5 Bbl oil: 0 Mcf Gas: 129 Bbl H2O: 0

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

Test Method: Flowing Casing PSI: 840 Tubing PSI: _____ Choke Size: 8/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 997 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
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400661589	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)