

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:

400687886

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
2. Name of Operator: AUGUSTUS ENERGY RESOURCES LLC
3. Address: 36695 HWY 385
City: WRAY State: CO Zip: 80758
4. Contact Name: Loni Davis
Phone: (970) 332-3585
Fax: (970) 332-3587
Email: ldavis@augustusenergy.com

5. API Number 05-125-12102-00
6. County: YUMA
7. Well Name: Taylor Family
Well Number: 21-14 4N47W
8. Location: QtrQtr: NENW Section: 14 Township: 4N Range: 47W Meridian: 6
9. Field Name: BUFFALO GRASS Field Code: 7781

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/18/2014 End Date: 09/18/2014 Date of First Production this formation: 09/18/2014

Perforations Top: 2780 Bottom: 2800 No. Holes: 40 Hole size: 47/100

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

Total usage of 50,040 16/30 Texas Gold sand 5,000# 12/20 Texas Gold sand, & 380,000 scf N2 w/ 3 cooldowns. ATP 1561#

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 281

Max pressure during treatment (psi): 2343

Total gas used in treatment (mcf): 380

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: 5

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 0

Fresh water used in treatment (bbl): 269

Disposition method for flowback: _____

Total proppant used (lbs): 55040

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/18/2014 Hours: 2 Bbl oil: 0 Mcf Gas: 140 Bbl H2O: 0

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

Test Method: Flowing Casing PSI: 755 Tubing PSI: _____ Choke Size: 6/64

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:

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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

Att Doc Num Name

400691911	WELLBORE DIAGRAM
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Total Attach: 1 Files

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)