

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: 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 05-125-12121-00
6. County: YUMA
7. Well Name: Franson
Well Number: 42-33 4N47W
8. Location: QtrQtr: SENE Section: 33 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: 11/11/2014 End Date: 11/11/2014 Date of First Production this formation: 11/11/2014

Perforations Top: 2764 Bottom: 2784 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, 50,140# 12/20 Texas Gold sand, & 500,000 scf N2

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

Total fluid used in treatment (bbl): 351 Max pressure during treatment (psi): 1714

Total gas used in treatment (mcf): 500 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): 339 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 100160 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: 11/11/2014 Hours: 3 Bbl oil: 0 Mcf Gas: 20 Bbl H2O: 0

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

Test Method: Flowing Casing PSI: 380 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: 11/19/2014 Email ldavis@augustusenergy.com
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400720689	FORM 5A SUBMITTED
400732106	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)