

FORM 5A Rev 02/08	State of Colorado Oil and Gas Conservation Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: <div style="text-align: center; border: 1px solid black; padding: 5px;">2592528</div>				
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: <u>10051</u>	4. Contact Name: <u>KRISTIN GRAHMAN POST</u>
2. Name of Operator: <u>APOLLO OPERATING LLC</u>	Phone: <u>(303) 830-0888X202</u>
3. Address: <u>1538 WAZEE ST STE 200</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Fax: <u>(303) 830-2818</u>

5. API Number <u>05-123-32314-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Martin</u>	Well Number: <u>45-12D</u>
8. Location: QtrQtr: <u>NESE</u> Section: <u>12</u> Township: <u>3N</u> Range: <u>68W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u>	Field Code: <u>90750</u>

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>12/11/2010</u>	Date of First Production this formation: <u>01/06/2011</u>
Perforations Top: <u>7260</u> Bottom: <u>7280</u>	No. Holes: <u>80</u> Hole size: <u>41/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>56000 GAL SLICK WATER + 47000 GAL GEL AND 175000 LBS SNAD</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>01/06/2011</u> Hours: <u>12</u> Bbls oil: <u>50</u> Mcf Gas: <u>41</u> Bbls H2O: <u>60</u>	
Calculated 24 hour rate:	Bbls oil: <u>100</u> Mcf Gas: <u>82</u> Bbls H2O: <u>120</u> GOR: <u>816</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>850</u> Tubing PSI: <u>0</u> Choke Size: <u>0</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1180</u> API Gravity Oil: <u>46</u>
Tubing Size: _____ Tubing Setting Depth: _____	Tbg setting date: _____ Packer Depth: _____
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____	Sacks cement on top: _____

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: KRISTIN GRAHMANN POST

Title: REGIONAL ENGINEER Date: 1/10/2011 Email: KGPOST@APOLLOOPERATIN.COM

Attachment Check List

Att Doc Num	Name
2592528	FORM 5A SUBMITTED
2592529	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)