

<b>FORM</b> <b>5</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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				
<b>DRILLING COMPLETION REPORT</b>			Document Number:  <div style="text-align: center; font-size: 1.2em;">2591799</div>				
<p>This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.</p>							
Completion Type <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion							
1. OGCC Operator Number: <u>10051</u>		4. Contact Name: <u>KRISTIN GRAHMANN POST</u>					
2. Name of Operator: <u>APOLLO OPERATING LLC</u>		Phone: <u>(303) 830-0888</u>					
3. Address: <u>1538 WAZEE ST STE 200</u>		Fax: <u>(303) 830-2818</u>					
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>					
5. API Number <u>05-123-31981-00</u>		6. County: <u>WELD</u>					
7. Well Name: <u>Martin</u>		Well Number: <u>43-12</u>					
8. Location:    QtrQtr: <u>NESE</u> Section: <u>12</u> Township: <u>3N</u> Range: <u>68W</u> Meridian: <u>6</u>							
Footage at surface:    Distance: <u>1798</u> feet    Direction: <u>FSL</u>		Distance: <u>755</u> feet    Direction: <u>FEL</u>					
As Drilled Latitude: <u>40.238622</u>		As Drilled Longitude: <u>-104.944457</u>					
GPS Data:							
Date of Measurement: <u>12/03/2010</u>		PDOP Reading: <u>2.3</u> GPS Instrument Operator's Name: <u>DAVID MELZER</u>					
** If directional footage at Top of Prod. Zone		Dist.:    _____    feet. Direction:    _____    Dist.:    _____    feet. Direction:    _____					
Sec:    _____    Twp:    _____    Rng:    _____							
** If directional footage at Bottom Hole		Dist.:    _____    feet. Direction:    _____    Dist.:    _____    feet. Direction:    _____					
Sec:    _____    Twp:    _____    Rng:    _____							
9. Field Name: <u>WATTENBERG</u>		10. Field Number: <u>90750</u>					
11. Federal, Indian or State Lease Number:    _____							
12. Spud Date: (when the 1st bit hit the dirt) <u>11/18/2010</u>		13. Date TD: <u>11/22/2010</u> 14. Date Casing Set or D&A: <u>11/22/2010</u>					
15. Well Classification:							
<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation							
16. Total Depth    MD <u>7427</u> TVD**    _____		17 Plug Back Total Depth    MD <u>7427</u> TVD**    _____					
18. Elevations    GR <u>4876</u> KB <u>4887</u>		One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.					
19. List Electric Logs Run:							
<u>COMPENSATED DENSITY, COMPENSATED NEUTRON, DUAL INDUCTION, GR, CBL</u>							
20. Casing, Liner and Cement:							

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8		0	560	390	0	560	CALC
1ST	7+7/8	4+1/2		0	7,410	675	2,240	7,410	CBL

ADDITIONAL CEMENT

Cement work date: \_\_\_\_\_

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
NIOBRARA	6,982		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,223		<input type="checkbox"/>	<input type="checkbox"/>	

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: 12/10/2010 Email: KGPOST@APOLLOOPERATING.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
2591800	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Other Attachments</b>			
2591799	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Permit	REQ DIGITAL CBL	6/2/2011 10:41:55 AM

Total: 1 comment(s)