

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



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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: 10051 4. Contact Name: TANYA CARPIO
 2. Name of Operator: APOLLO OPERATING LLC Phone: (303) 830-0888 X.201
 3. Address: 1538 WAZEE ST STE 200 Fax: (303) 830-2818
 City: DENVER State: CO Zip: 80202

5. API Number 05-123-33743-00 6. County: WELD
 7. Well Name: LOEWEN Well Number: 12-32D
 8. Location: QtrQtr: SENW Section: 32 Township: 4N Range: 68W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING
 Treatment Date: 10/15/2011 Date of First Production this formation: 10/24/2011
 Perforations Top: 7325 Bottom: 7349 No. Holes: 96 Hole size: 41/100
 Provide a brief summary of the formation treatment: _____ Open Hole:
SLICKWATER TREATMENT; 5348 BBL, 85863# 30-50 SAND BROKE @ 3160 PSI, ATR 63.7 BPM, ATP 4473 PSI
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 10/24/2011 Hours: 24 Bbls oil: 92 Mcf Gas: 82 Bbls H2O: 75
 Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: 899
 Test Method: FLOWING Casing PSI: _____ Tubing PSI: _____ Choke Size: 1 + 1/4
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1200 API Gravity Oil: 43
 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: _____

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
 Signed: _____ Print Name: TANYA CARPIO
 Title: OFFICE MANAGER Date: _____ Email: TCARPIO@APOLLOOPERATING.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)