

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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Document Number:

400226999

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: <u>10051</u>	4. Contact Name: <u>TANYA CARPIO</u>
2. Name of Operator: <u>APOLLO OPERATING LLC</u>	Phone: <u>(303) 830-0888 X.201</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>05-123-33742-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>LOEWEN</u>	Well Number: <u>25-32</u>
8. Location: QtrQtr: <u>SENW</u> Section: <u>32</u> Township: <u>4N</u> Range: <u>68W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: CODELL

Status: PRODUCING

Treatment Date: 10/16/2011

Date of First Production this formation: 10/22/2011

Perforations Top: 7220 Bottom: 7243 No. Holes: 92 Hole size: 41/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

SLICKWATER TREATMENT: 5413 BBL, 89794# 30-50 SD, ATR 62.4 BPM, ATP 4002 PSI, BROKE @ 2109 PSI

This formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**

Date: 10/22/2011 Hours: 24 Bbls oil: 152 Mcf Gas: 97 Bbls H2O: 70

Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR: 635

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:

FORMATION: NIOBRARA

Status: PRODUCING

Treatment Date: 10/16/2011

Date of First Production this formation: 10/22/2011

Perforations Top: 6900 Bottom: 7097 No. Holes: 192 Hole size: 41/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

SLICKWATER TREATMENT: 11220 BBL, 187456# 30-50 SAND, ATR 62.4 BPM, ATP 4244 PSI, FORMATION BROKE @ 2662

This formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**

Date: 10/22/2011 Hours: 24 Bbls oil: 152 Mcf Gas: 97 Bbls H2O: 70

Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR: 635

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

User Group	Comment	Comment Date

Total: 0 comment(s)