

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:

400226995

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: 1100 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: 11/28/2011 Email: TCARPIO@APOLLOOPERATING.COM

Attachment Check List

Att Doc Num	Name
1694579	WELLBORE DIAGRAM
400226995	FORM 5A SUBMITTED

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	form 5 submitted 12/14/11. Changed Casing PSI to 1100 per operator.	12/15/2011 11:41:03 AM
Permit	ON HOLD: Requesting form 5 with attachments. Wireline and Cement Job summary.	12/2/2011 4:36:48 PM

Total: 2 comment(s)