

**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:

400233468

## 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

2. Name of Operator: APOLLO OPERATING LLC

3. Address: 1538 WAZEE ST STE 200

City: DENVER State: CO Zip: 80202

4. Contact Name: TANYA CARPIO

Phone: (303) 830-0888 X.201

Fax: (303) 830-2818

5. API Number	05-123-33742-00		6. County:	WELD	
7. Well Name:	LOEWEN		Well Number:	25-32	
8. Location:	QtrQtr: SENW	Section: 32	Township:	4N	Range: 68W Meridian: 6
9. Field Name:	WATTENBERG		Field Code:	90750	

### Completed Interval

FORMATION: NIOBRARA-CODELL                      Status: PRODUCING

Treatment Date:	<u>10/16/2011</u>	Date of First Production this formation:	<u>10/22/2011</u>
Perforations	Top: 6900	Bottom: 7243	No. Holes: 284
			Hole size: 41/100

Provide a brief summary of the formation treatment: Open Hole: ☐

CODELL: SLICKWATER TREATMENT: 5413 BBL, 89794 #30-50 SAND, ATR 62.4 BPM, ATP 4002 PSI, BROKE @ 2109 PSI  
NIOBRARA: SLICKWATER TREATMENT: 11220 BBL, 187456 #30-50 SAND, ATR 62.4 BPM, ATP 4244 PSI, FORMATION  
BROKE 2 2662

This formation is commingled with another formation: ☐ Yes ☒ No

**Test Information:**

Date:	<u>10/22/2011</u>	Hours:	<u>24</u>	Bbls oil:	<u>152</u>	Mcf Gas:	<u>97</u>	Bbls H2O:	<u>70</u>		
Calculated 24 hour rate:				Bbls oil:	<u>          </u>	Mcf Gas:	<u>          </u>	Bbls H2O:	<u>          </u>	GOR:	<u>635</u>
Test Method:				<u>FLOWING</u>		Casing PSI:	<u>1350</u>	Tubing PSI:	<u>          </u>	Choke Size:	<u>1 + 1/4</u>
Gas Disposition:				<u>SOLD</u>		Gas Type:	<u>WET</u>	BTU Gas:	<u>1200</u>	API Gravity Oil:	<u>43</u>
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
400233479	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)