

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:

400226974

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 05-123-33733-00

7. Well Name: LOEWEN

6. County: WELD

Well Number: 11-32D

8. Location: QtrQtr: NENW Section: 32 Township: 4N Range: 68W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL

Status: PRODUCING

Treatment Date: 10/02/2011

Date of First Production this formation: 10/25/2011

Perforations Top: 7295 Bottom: 7319 No. Holes: 96 Hole size: 41/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

SLICKWATER TREATMENT, FORMATION BROKE @ 2903 AND TREATED AT: ATR 62, ATP 4384 PSI, 5604 BBL, 91030#, 30-50 SAND

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

Test Information:

Date: 10/25/2011 Hours: 24 Bbls oil: 117 Mcf Gas: 100 Bbls H2O: 75

Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR: 860

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
400226974	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Cement Job Summary attached to form 5.	12/28/2011 2:06:08 PM
Permit	ON HOLD: Requesting form 5 with attachments. Wireline and Cement Job summary.	12/2/2011 4:12:54 PM

Total: 2 comment(s)