

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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
6. County: WELD
7. Well Name: LOEWEN
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 [X] 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)