

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



DE ET OE ES

Document Number:  
400250143

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 05-123-33845-00 6. County: WELD  
 7. Well Name: STEFFES Well Number: 22-2  
 8. Location: QtrQtr: SENW Section: 2 Township: 3N Range: 68W Meridian: 6  
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 01/24/2012 Date of First Production this formation: 02/04/2012  
 Perforations Top: 7313 Bottom: 7333 No. Holes: 80 Hole size: 41/100

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

5252 BBL AND 90460 # 30-50 SAND, SLICKWATER TREATMENT, THE FORMATION BROKE @ 3888 PSI AND TREATED AT: 61.4 BPM AND 4229 ATP.

This formation is commingled with another formation:  Yes  No

Test Information:

Date: \_\_\_\_\_ Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_  
 Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: \_\_\_\_\_  
 Test Method: \_\_\_\_\_ Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_  
 Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ BTU Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_  
 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-CODELL Status: PRODUCING

Treatment Date: 02/01/2012 Date of First Production this formation: 02/04/2012

Perforations Top: 7045 Bottom: 7333 No. Holes: 484 Hole size: 41/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

NIOBRARA A,B SLICKWATER TREATMENT: 4639 BBL & 90280 # 30-50 SAND, 60.6 BPM, 4336 ATP.  
NIOBRARA C: SLICKWATER TREATMENT: 5114 BBL & 90144 # 30-50 SAND, 59.2 BPM, 4204 ATP.  
CODELL: 5252 BBL & 90460 #30-50 SAND, SLICKWATER TREATMENT, THE FORMATION BROKE @3888 PSI AND TREATED AT: 61.4 BPM & 4229 ATP.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 02/04/2012 Hours: 24 Bbls oil: 120 Mcf Gas: 84 Bbls H2O: 173

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: 700

Test Method: FLOWING Casing PSI: 1275 Tubing PSI: \_\_\_\_\_ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1250 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: COMMINGLED

Treatment Date: 02/01/2012 Date of First Production this formation: 02/04/2012

Perforations Top: 7045 Bottom: 7190 No. Holes: 404 Hole size: 41/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

NIOBRARA A,B SLICKWATER TREATMENT: 4639 BBL AND 90280 # 30-50 SAND, 60.6 BPM, 4336 ATP.  
NIOBRARA C SLICKWATER TREATMENT: 5114 BBL AND 90144 # 30-50 SAND, 59.2 BPM, 4204 ATP.

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 02/04/2012 Hours: 24 Bbls oil: 120 Mcf Gas: 84 Bbls H2O: 173

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: 700

Test Method: FLOWING Casing PSI: 1275 Tubing PSI: \_\_\_\_\_ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1250 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: \_\_\_\_\_ TCARPIO@APOLLOOPERATING.COM

Email  
:

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
400250181	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

**User Group**      **Comment**      **Comment Date**

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

Total: 0 comment(s)