

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:

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

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

Total: 0 comment(s)