

FORM
5ARev
06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400295704

Date Received:

06/14/2012

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 05-123-33881-00 6. County: WELD
 7. Well Name: HOAGLAND Well Number: 34-4D
 8. Location: QtrQtr: SESE Section: 4 Township: 3N Range: 68W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: SHUT IN Treatment Type: FRACTURE STIMULATION

Treatment Date: 06/07/2012 End Date: 06/07/2012 Date of First Production this formation: 06/07/2012

Perforations Top: 7500 Bottom: 7524 No. Holes: 96 Hole size: 41/100

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

TREAT WITH 810 BBLS WATER PAD, 4130 BBLS SLICKWATER PLUS 90,940 LBS 30/50 WHITE SAND, FLUSH WITH 254 BBLS SLICKWATER. AVERAGE PRESSURE=4253 PSI MAX PRESSURE=5020 PSI, AR=61.6 BPM, MAX RATE=63.9 BPM

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

Total fluid used in treatment (bbl): 5232 Max pressure during treatment (psi): 5020

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.33

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.82

Total acid used in treatment (bbl): 0 Number of staged intervals: 6

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 852

Fresh water used in treatment (bbl): 5232 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 90940 Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: PIPELINE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/08/2012 Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: 72 Mcf Gas: 192 Bbl H2O: 600 GOR: 2667

Test Method: FLOWING Casing PSI: 1050 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: VENTED Gas Type: DRY Btu Gas: 1250 API Gravity Oil: 45

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: _____ ** Wireline and Cement Job Summary must be attached.

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: 6/14/2012

Email TCARPIO@APOLLOOPERATING.COM

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Attachment Check List

Att Doc Num	Name
400295704	FORM 5A SUBMITTED
400295815	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Corrected test rates per operator.	9/26/2012 10:32:00 AM
Permit	On hold pending confirmation of test data. 16 hour rates and 24 hour rates don't jive.	9/25/2012 10:11:12 AM

Total: 2 comment(s)