

FORM
5Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

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



DE ET OE ES

Document Number:

400340818

Date Received:

11/28/2012

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary 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 05-069-06450-00

6. County: LARIMER

7. Well Name: MURDOCK

Well Number: 13-34D

8. Location: QtrQtr: SESW Section: 34 Township: 5N Range: 68W Meridian: 6

Footage at surface: Distance: 809 feet Direction: FSL Distance: 2108 feet Direction: FWL

As Drilled Latitude: 40.351440 As Drilled Longitude: -104.994870

GPS Data:

Data of Measurement: 11/27/2012 PDOP Reading: 1.6 GPS Instrument Operator's Name: WYATT HALL

** If directional footage at Top of Prod. Zone Dist.: 1958 feet. Direction: FSL Dist.: 613 feet. Direction: FWL

Sec: 34 Twp: 5N Rng: 68W

** If directional footage at Bottom Hole Dist.: 1964 feet. Direction: FSL Dist.: 596 feet. Direction: FWL

Sec: 34 Twp: 5N Rng: 68W

9. Field Name: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 11/04/2012 13. Date TD: 11/09/2012 14. Date Casing Set or D&A: 11/10/2012

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 8130 TVD** 7810 17 Plug Back Total Depth MD 8099 TVD** 7779

18. Elevations GR 5058 KB 5071

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

HIGH RESOLUTION INDUCTION, COMP. DENSITY, COMP. NEUTRON ON 11-10-12

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	24	0	605	430	0	605	VISU
1ST	7+7/8	4+1/2	11.6	0	8,115	665	4,060	8,115	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
Details of work:					

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PARKMAN	3,612	4,185	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,185	4,716	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,716	7,146	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,146	7,472	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,472	7,486	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,486	7,954	<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,954	8,130	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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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: 11/28/2012 Email: TCARPIO@APOLLOOPERATING.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400349936	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400349934	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400340818	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400349926	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400349929	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400349932	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

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

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Total: 0 comment(s)