

FORM
5
Rev
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



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| DE | ET | OE | ES |
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Document Number:
400430262

Date Received:

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 05-123-35825-00 6. County: WELD
 7. Well Name: JWHS Well Number: 32-2D
 8. Location: QtrQtr: SENW Section: 2 Township: 3N Range: 68W Meridian: 6
 Footage at surface: Distance: 2015 feet Direction: FNL Distance: 2003 feet Direction: FWL
 As Drilled Latitude: 40.257200 As Drilled Longitude: -104.972680

GPS Data:
 Date of Measurement: 06/06/2013 PDOP Reading: 2.1 GPS Instrument Operator's Name: WYATT HALL

** If directional footage at Top of Prod. Zone Dist.: 2030 feet. Direction: FNL Dist.: 3336 feet. Direction: FWL

Sec: 2 Twp: 3N Rng: 68W

** If directional footage at Bottom Hole Dist.: 2028 feet. Direction: FNL Dist.: 3336 feet. Direction: FWL

Sec: 2 Twp: 3N 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) 05/04/2013 13. Date TD: 05/07/2013 14. Date Casing Set or D&A: 05/08/2013

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7700 TVD** 7528 17 Plug Back Total Depth MD 7609 TVD** 7530

18. Elevations GR 4998 KB 5011 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:
INDUCTION, DENSITY, NEUTRON, GAMMA RAY, CBL & CCL

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 | 960 | 580 | 0 | 960 | CALC |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 7,675 | 570 | 2,550 | 7,675 | 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 | 3,701 | 4,210 | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,210 | 4,758 | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | 4,758 | 7,173 | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 7,173 | 7,438 | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,438 | 7,459 | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,459 | 7,478 | <input type="checkbox"/> | <input type="checkbox"/> | |

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: _____ Email: TCARPIO@APOLLOOPERATING.COM

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|------------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| 400430290 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400430282 | 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> | | | |
| 400430273 | LAS-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400430276 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400430937 | LAS-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)