

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:

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:

Data 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&amp;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 &amp; 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

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Total: 0 comment(s)