

<b>FORM 5A</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		DE ET OE ES
<b>COMPLETED INTERVAL REPORT</b>			Document Number:  <b>1634896</b>
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: <u>10051</u>	4. Contact Name: <u>KRISTIN GRAHAMNN POST</u>
2. Name of Operator: <u>APOLLO OPERATING LLC</u>	Phone: <u>(303) 830-0888</u>
3. Address: <u>1538 WAZEE ST STE 200</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Fax: <u>(303) 830-2818</u>

5. API Number <u>05-123-32524-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>Opdyke Trust</u>	Well Number: <u>43-3D</u>
8. Location: QtrQtr: <u>SE/SE</u> Section: <u>3</u> Township: <u>6N</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: <u>EATON</u>	Field Code: <u>19350</u>

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>03/06/2011</u>	Date of First Production this formation: <u>03/26/2011</u>
Perforations Top: <u>7540</u> Bottom: <u>7558</u>	No. Holes: <u>72</u> Hole size: <u>40/100</u>
Provide a brief summary of the formation treatment: <u>304,000 GAL SLICKWATER &amp; 45,000 LBS 30/50 SAND, 46,000 LBS 40/70 SAND.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>03/26/2011</u> Hours: <u>24</u>	Bbls oil: <u>113</u> Mcf Gas: <u>118</u> Bbls H2O: <u>20</u>
Calculated 24 hour rate:	Bbls oil: <u>113</u> Mcf Gas: <u>118</u> Bbls H2O: <u>20</u> GOR: <u>1044</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1350</u> Tubing PSI: _____ Choke Size: _____
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1360</u> API Gravity Oil: <u>46</u>
Tubing Size: _____ Tubing Setting Depth: _____	Tbg setting date: _____ Packer Depth: _____
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: KRISTIN GRAHMANN POST

Title: REGIONAL ENGINEER Date: 3/30/2011 Email: KGPOST@APOLLOOPERATING.COM

**Attachment Check List**

Att Doc Num	Name
1634896	FORM 5A SUBMITTED
1634897	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Data Entry	BTU GAS IS REQUIRED FIELD; API GRAVITY OIL IS A REQUIRED FIELD.	4/27/2011 2:36:54 PM

Total: 1 comment(s)