


FORM 5A Rev 02/08	State of Colorado Oil and Gas Conservation Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">1634896</div>	DE	ET	OE	ES
DE	ET	OE	ES				
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: <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>		Fax: <u>(303) 830-2818</u>					
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</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:		Open Hole: <input type="checkbox"/>					
<u>304,000 GAL SLICKWATER & 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							
Test Information:							
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: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>							
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: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>							
I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.							
Signed: _____		Print Name: <u>KRISTIN GRAHMANN POST</u>					
Title: <u>REGIONAL ENGINEER</u>		Date: <u>3/30/2011</u> Email <u>KGPOST@APOLLOOPERATING.COM</u>					

Attachment Check List

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

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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)