

**State of Colorado**  
**Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400226974

## 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: 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 05-123-33733-00

6. County: WELD

7. Well Name: LOEWEN

Well Number: 11-32D

8. Location: QtrQtr: NENW Section: 32 Township: 4N Range: 68W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

### Completed Interval

FORMATION: CODELL

Status: PRODUCING

Treatment Date: 10/02/2011

Date of First Production this formation: 10/25/2011

Perforations	Top:	7295	Bottom:	7319	No. Holes:	96	Hole size:	41/100
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Provide a brief summary of the formation treatment:

Open Hole: 

SLICKWATER TREATMENT, FORMATION BROKE @ 2903 AND TREATED AT: ATR 62, ATP 4384 PSI, 5604 BBL, 91030#, 30-50 SAND

This formation is commingled with another formation: ☐ Yes ☒ No

**Test Information:**

Date:	10/25/2011	Hours:	24	Bbls oil:	117	Mcf Gas:	100	Bbls H2O:	75
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Calculated 24 hour rate:	Bbls oil:	Mcf Gas:	Bbls H2O:	GOR: 860
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Test Method: FLOWING	Casing PSI:	Tubing PSI:	Choke Size: 1 + 1/4
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1200	API Gravity Oil:	43
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Tubing Size:	Tubing Setting Depth:	Tbg setting date:	Packer Depth:
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Reason for Non-Production:

Date formation Abandoned: Squeeze: ☐ Yes ☐ 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: TANYA CARPIO

Title: OFFICE MANAGER Date: Email TCARPIO@APOLLOOPERATING.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

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

Total: 0 comment(s)