

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 with 4 columns: DE, ET, OE, ES

Document Number:

400226983

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
2. Name of Operator: APOLLO OPERATING LLC
3. Address: 1538 WAZEE ST STE 200
City: DENVER State: CO Zip: 80202
4. Contact Name: TANYA CARPIO
Phone: (303) 830-0888 X.201
Fax: (303) 830-2818

5. API Number 05-123-33731-00
6. County: WELD
7. Well Name: LOEWEN
Well Number: 22-32D
8. Location: QtrQtr: SENW 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: 10/21/2011

Perforations Top: 7352 Bottom: 7375 No. Holes: 92 Hole size: 41/100

Provide a brief summary of the formation treatment: Open Hole: [ ]

SLICKWATER TREATMENT: ATR 64.2 BPM, ATP 3967 PSI, FORMATION BRK 2757 PSI, TREATED WITH 5084 BFLD, 88976# 30-50 SD

This formation is commingled with another formation: [ ] Yes [X] No

Test Information:

Date: 10/21/2011 Hours: 24 Bbls oil: 50 Mcf Gas: 26 Bbls H2O: 75

Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR: 514

Test Method: FLOWING Casing PSI: 1150 Tubing PSI: Choke Size: 1 + 1/4

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1200 API Gravity Oil: 43

Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

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: 11/28/2011 Email: TCARPIO@APOLLOOPERATING.COM

### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
1694578	WELLBORE DIAGRAM
400226983	FORM 5A SUBMITTED

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	form 5 submitted 12/14/11. Changed Casing PSI to 1150 per operator.	12/15/2011 11:43:09 AM
Permit	ON HOLD: Requesting form 5 with attachments. Wireline and Cement Job summary.	12/2/2011 4:35:09 PM

Total: 2 comment(s)