

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



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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: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>10/02/2011</u>	Date of First Production this formation: <u>10/21/2011</u>
Perforations Top: <u>7352</u> Bottom: <u>7375</u>	No. Holes: <u>92</u> Hole size: <u>41/100</u>
Provide a brief summary of the formation treatment: <u>Open Hole: <input type="checkbox"/></u>	
<u>SLICKWATER TREATMENT: ATR 64.2 BPM, ATP 3967 PSI, FORMATION BRK 2757 PSI, TREATED WITH 5084 BFLD, 88976# 30-50 SD</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>10/21/2011</u> Hours: <u>24</u>	Bbls oil: <u>50</u> Mcf Gas: <u>26</u> Bbls H2O: <u>75</u>
Calculated 24 hour rate:	Bbls oil: <u> </u> Mcf Gas: <u> </u> Bbls H2O: <u> </u> GOR: <u>514</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1150</u> Tubing PSI: <u> </u> Choke Size: <u>1 + 1/4</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1200</u> API Gravity Oil: <u>43</u>
Tubing Size: <u> </u>	Tubing Setting Depth: <u> </u> Tbg setting date: <u> </u> Packer Depth: <u> </u>
Reason for Non-Production: <u> </u>	
Date formation Abandoned: <u> </u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u> </u>	
Bridge Plug Depth: <u> </u> Sacks cement on top: <u> </u>	

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

Att Doc Num	Name
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)