

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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| DE | ET | OE | ES |
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Document Number:

400226964

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 05-123-33738-00
6. County: WELD
7. Well Name: LOEWEN
Well Number: 21-32D
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: 10/21/2011 |
| Perforations Top: 7345 Bottom: 7364 | No. Holes: 76 Hole size: 41/100 |
| Provide a brief summary of the formation treatment: | Open Hole: <input type="checkbox"/> |
| 5585 BBL AND 89449# 30-50 SD, SLICK WATER TREATMENT. THE FORMATION BROKE @ 3665 PSI AND TREATED AT: 64.2 BPM & 3869 ATP | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Test Information: | |
| Date: 10/21/2011 Hours: 24 | Bbls oil: 118 Mcf Gas: 74 Bbls H2O: 75 |
| Calculated 24 hour rate: | Bbls oil: Mcf Gas: Bbls H2O: GOR: 626 |
| Test Method: FLOWING | Casing PSI: 1100 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: <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: TANYA CARPIO
Title: OFFICE MANAGER Date: 11/28/2011 Email: TCARPIO@APOLLOOPERATING.COM

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400226964 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|---|---------------------------|
| Permit | received form 5. Added CSG PSI of 1100 per operator. | 12/28/2011 11:01:32 AM |
| Permit | ON HOLD: Requesting form 5 with attachments. Wireline and Cement Job summary. | 12/2/2011 3:56:23 PM |

Total: 2 comment(s)