

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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COMPLETED INTERVAL REPORT

Document Number: 400233468

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 05-123-33742-00
6. County: WELD
7. Well Name: LOEWEN
Well Number: 25-32
8. Location: QtrQtr: SENW Section: 32 Township: 4N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 10/16/2011 Date of First Production this formation: 10/22/2011

Perforations Top: 6900 Bottom: 7243 No. Holes: 284 Hole size: 41/100

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

CODELL: SLICKWATER TREATMENT: 5413 BBL, 89794 #30-50 SAND, ATR 62.4 BPM, ATP 4002 PSI, BROKE @ 2109 PSI
NIOBRARA: SLICKWATER TREATMENT: 11220 BBL, 187456 #30-50 SAND, ATR 62.4 BPM, ATP 4244 PSI, FORMATION BROKE 2 2662

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

Test Information:

Date: 10/22/2011 Hours: 24 Bbls oil: 152 Mcf Gas: 97 Bbls H2O: 70

Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR: 635

Test Method: FLOWING Casing PSI: 1350 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: 12/16/2011 Email TCARPIO@APOLLOOPERATING.COM

### Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400233468	FORM 5A SUBMITTED
400233479	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	cement summary and WBD attached to previous form 5A.	12/28/2011 2:21:10 PM

Total: 1 comment(s)