

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:

400233468

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 05-123-33742-00

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
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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 ☒ No

Test Information:

Date:	10/22/2011	Hours:	24	Bbls oil:	152	Mcf Gas:	97	Bbls H2O:	70
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Calculated 24 hour rate:	Bbls oil:	Mcf Gas:	Bbls H2O:	GOR: 635
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Test Method: FLOWING	Casing PSI: 1350	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:

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

Att Doc Num	Name
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)