FORM 5 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 **DRILLING COMPLETION REPORT**		DE	ET	OE	ES

Document Number:

400230343

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type   ☒ Final completion   ☐ Preliminary 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
   Footage at surface: Distance: 1344   feet   Direction: FNL   Distance: 1661   feet   Direction: FWL
     As Drilled Latitude: 40.272980   As Drilled Longitude: -105.030710

GPS Data:
   Data of Measurement: 09/20/2011   PDOP Reading: 1.9   GPS Instrument Operator's Name: ADAM KELLY

   ** If directional footage at Top of Prod. Zone   Dist.: _____ feet. Direction: _____   Dist.: _____ feet. Direction: _____
       Sec: _____   Twp: _____   Rng: _____
   ** If directional footage at Bottom Hole   Dist.: _____ feet. Direction: _____   Dist.: _____ feet. Direction: _____
       Sec: _____   Twp: _____   Rng: _____

9. Field Name: WATTENBERG   10. Field Number: 90750
11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt)   08/17/2011   13. Date TD: 08/23/2011   14. Date Casing Set or D&A: 08/24/2011

15. Well Classification:
☐ Dry   ☒ Oil   ☐ Gas/Coalbed   ☐ Disposal   ☐ Stratigraphic   ☐ Enhanced Recovery   ☐ Storage   ☐ Observation

16. Total Depth   MD   7416   TVD** _____   17 Plug Back Total Depth   MD   7362   TVD** _____

18. Elevations   GR   5000   KB   5011   One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:
CBL

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	24	0	644	460	0	644	CALC
1ST	7+7/8	4+1/2	11.6	0	7,362	700	2,927	7,362	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
NIOBRARA	6,900	7,097	☐	☐	
CODELL	7,220	7,243	☐	☐	

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: 12/8/2011   Email: TCARPIO@APOLLOOPERATING.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			

Attachment Checklist

Att Doc Num	Document Name				
1694570	CMT Summary *	Yes ☒		No ☐	
	Core Analysis	Yes ☐		No ☒	
	Directional Survey **	Yes ☐		No ☒	
	DST Analysis	Yes ☐		No ☒	
	Logs	Yes ☒		No ☐	
	Other	Yes ☐		No ☒	

Other Attachments

Att Doc Num	Document Name				
400230343	FORM 5 SUBMITTED	Yes ☒		No ☐	
400230483	LAS-CBL 1ST RUN	Yes ☒		No ☐	

General Comments

User Group	Comment	Comment Date
Permit	changed SHL to match planned.	12/12/2011 9:38:47 AM
Permit	Received and attached cement job summary.	12/8/2011 3:24:25 PM

Total: 2 comment(s)