

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
400288129

Date Received:

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: <u>10051</u>	4. Contact Name: <u>TANYA CARPIO</u>
2. Name of Operator: <u>APOLLO OPERATING LLC</u>	Phone: <u>(303) 830-0888 X.201</u>
3. Address: <u>1538 WAZEE ST STE 200</u>	Fax: <u>(303) 830.2818</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-123-33659-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>E.L. MINCH</u>	Well Number: <u>35-4D</u>
8. Location: QtrQtr: <u>SESW</u> Section: <u>4</u> Township: <u>3N</u> Range: <u>68W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: CODELL Status: SHUT IN

Treatment Date: 05/04/2012 Date of First Production this formation: 05/04/2012

Perforations Top: 7472 Bottom: 7496 No. Holes: 96 Hole size: 41/100

Provide a brief summary of the formation treatment: _____ Open Hole:

TREATED WITH 817 BBLS PAD, 4198 BBLS SLF (SLICK WATER), AND 90,460 LBS OF 30/50 WHITE SAND, FLUSHED WITH 300 BBLS SLICK WATER, AVERAGE PRESSURE=4267 PSI, MAX PRESSURE=5134 PSI, AR=61.2 BPM, MAX RATE=62.9 BPM

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/05/2012 Hours: 22 Bbls oil: 5 Mcf Gas: 150 Bbls H2O: 21

Calculated 24 hour rate: _____ Bbls oil: 130 Mcf Gas: 200 Bbls H2O: _____ GOR: 1538

Test Method: FLOWING Casing PSI: 1300 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: VENTED Gas Type: DRY BTU Gas: _____ API Gravity Oil: 45

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: _____

FORMATION: NIOBRARA Status: SHUT IN

Treatment Date: 05/09/2012 Date of First Production this formation: 05/09/2012

Perforations Top: 7266 Bottom: 7344 No. Holes: 92 Hole size: 41/100

Provide a brief summary of the formation treatment: _____ Open Hole:

TREATED WITH 792 BBLS PAD, 1000 GALLONS 15% HCL ACID, 4148 BBLS SLF (SLICK WATER) AND 91,520 LBS 30/50 WHITE SAND, FLUSH WITH 300 BBLS WATER, AVERAGE PRESSURE=4374 PSI, MAX PRESSURE=5302 PSI, AR=61.6 BPM, MAX RATE=62.2 BPM.

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/10/2012 Hours: 16 Bbls oil: 3 Mcf Gas: 90 Bbls H2O: 15

Calculated 24 hour rate: _____ Bbls oil: 69 Mcf Gas: 105 Bbls H2O: _____ GOR: 1521

Test Method: FLOWING Casing PSI: 1300 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: VENTED Gas Type: DRY BTU Gas: _____ API Gravity Oil: 45

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: _____

Email TCARPIO@APOLLOOPERATING.COM

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Attachment Check List

Att Doc Num	Name
400290845	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)