

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:

400288172

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: 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 05-123-33654-00

7. Well Name: E.L. MINCH

8. Location: QtrQtr: SESW Section: 4 Township: 3N Range: 68W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

6. County: WELD

Well Number: 14-4D

Completed Interval

| | | | |
|---|---|---|---------------------------------|
| FORMATION: <u>CODELL</u> | | Status: <u>SHUT IN</u> | |
| Treatment Date: <u>05/04/2012</u> | | Date of First Production this formation: <u>05/04/2012</u> | |
| Perforations | Top: <u>7519</u> | Bottom: <u>7542</u> | No. Holes: <u>92</u> |
| | | Hole size: <u>41/100</u> | |
| Provide a brief summary of the formation treatment: | | Open Hole: <input type="checkbox"/> | |
| TREATED WITH 810 BBLS PAD, 4140 BBLS OF SLF (SLICK WATER) AND 90,260 LBS 30/50 WHITE SAND, FLUSHED WITH 300 BBLS SLICK WATER, AVERAGE PRESS=4515 PSI, MAX PRESSURE=5288 PSI, AR=59 BPM, MAX RATE=61.4 BPM | | | |
| This formation is commingled with another formation: | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Test Information: | | | |
| Date: <u>05/05/2012</u> | Hours: <u>22</u> | Bbls oil: <u>5</u> | Mcf Gas: <u>150</u> |
| | | Bbls H2O: <u>20</u> | |
| Calculated 24 hour rate: | Bbls oil: <u>120</u> | Mcf Gas: <u>200</u> | Bbls H2O: <u> </u> |
| | | GOR: <u>1330</u> | |
| Test Method: <u>FLOWING</u> | Casing PSI: <u>1175</u> | Tubing PSI: <u> </u> | Choke Size: <u>12/64</u> |
| Gas Disposition: <u>VENTED</u> | Gas Type: <u>DRY</u> | BTU Gas: <u> </u> | API Gravity Oil: <u>45</u> |
| Tubing Size: <u> </u> | Tubing Setting Depth: <u> </u> | Tbg setting date: <u> </u> | Packer Depth: <u> </u> |
| Reason for Non-Production: | | | |
| <div style="border: 1px solid black; height: 20px;"></div> | | | |
| Date formation Abandoned: <u> </u> | Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, number of sacks cmt <u> </u> | |
| Bridge Plug Depth: <u> </u> | Sacks cement on top: <u> </u> | | |

| | | | | |
|---|-----------------------|---|-----------------------------|---------------------|
| FORMATION: NIOBRARA | | Status: SHUT IN | | |
| Treatment Date: 05/09/2012 | | Date of First Production this formation: 05/09/2012 | | |
| Perforations | Top: 7366 | Bottom: 7389 | No. Holes: 92 | Hole size: 41/100 |
| Provide a brief summary of the formation treatment: | | Open Hole: <input type="checkbox"/> | | |
| TREATED WITH 778 BBLS PAD, 1000 GALS 15% HCL ACID, 4405 BBLS SLF (SLICK WATER) AND 90,440 LBS, 30/50 WHITE SAND, FLUSH WITH 300 BBLS SLICK WATER, AVERAGE PRESSURE=4132 PSI, MAX=5146 PSI, AR=62.3 BPM, MAX=63.7 BPM. | | | | |
| This formation is commingled with another formation: | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Test Information: | | | | |
| Date: 05/11/2012 | Hours: 12 | Bbls oil: 4 | Mcf Gas: 120 | Bbls H2O: 17 |
| Calculated 24 hour rate: | | Bbls oil: 90 | Mcf Gas: 120 | Bbls H2O: GOR: 1330 |
| Test Method: FLOWING | Casing PSI: 1100 | 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: <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: _____

Email TCARPIO@APOLLOOPERATING.COM

:

Attachment Check List

| Att Doc Num | Name |
|-------------|------------------|
| 400290848 | WELLBORE DIAGRAM |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)