

FORM
5
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:
400291943

Date Received:

DRILLING COMPLETION REPORT

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 05-123-33879-00 6. County: WELD
 7. Well Name: HOAGLAND Well Number: 45-4D
 8. Location: QtrQtr: SESE Section: 4 Township: 3N Range: 68W Meridian: 6
 Footage at surface: Distance: 650 feet Direction: FSL Distance: 678 feet Direction: FEL
 As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:
 Date of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage at Top of Prod. Zone Dist.: 1300 feet. Direction: FSL Dist.: 1334 feet. Direction: FEL

Sec: 4 Twp: 3N Rng: 68W

** If directional footage at Bottom Hole Dist.: 1325 feet. Direction: FSL Dist.: 1354 feet. Direction: FEL

Sec: 4 Twp: 3N Rng: 68W

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) 05/03/2012 13. Date TD: 05/06/2012 14. Date Casing Set or D&A: 05/08/2012

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

16. Total Depth MD 7590 TVD** 7492 17 Plug Back Total Depth MD 7503 TVD** 7404

18. Elevations GR 5013 KB 5029 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:
INDUCTION, DENSITY, NEUTRON, GAMMA RAY RUN 5-7-2012

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	11	8+5/8	24	0	730	520	0	730	CALC
1ST	7+7/8	4+1/2	11.6	0	7,572	515	3,050	7,572	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	
PARKMAN	3,605	4,140	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,140	4,660	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,660	7,168	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,168	7,396	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,396	7,418	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,418	7,590	<input type="checkbox"/>	<input type="checkbox"/>	

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	Document Name	attached ?	
<u>Attachment Checklist</u>			
400292034	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400292032	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400292013	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400292016	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)