

FORM
5Rev
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



DE ET OE ES

Document Number:

400292074

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 05-123-33883-00

6. County: WELD

7. Well Name: HOAGLAND

Well Number: 43-4D

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

Footage at surface: Distance: 692 feet Direction: FSL Distance: 635 feet Direction: FEL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

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

** If directional footage at Top of Prod. Zone Dist.: 2088 feet. Direction: FSL Dist.: 669 feet. Direction: FEL

Sec: 4 Twp: 3N Rng: 68W

** If directional footage at Bottom Hole Dist.: 1988 feet. Direction: FSL Dist.: 669 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) 05/21/2012 13. Date TD: 05/25/2012 14. Date Casing Set or D&A: 05/26/2012

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7725 TVD** 7534 17 Plug Back Total Depth MD 7672 TVD** 7481

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 5-26-12

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 | 726 | 510 | 0 | 726 | CALC |
| 1ST | 7+7/8 | 4+1/2 | 11.6 | 0 | 7,717 | 520 | 3,300 | 7,717 | 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 | 3,678 | 4,273 | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,273 | 4,754 | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | 4,754 | 7,246 | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 7,246 | 7,514 | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,514 | 7,534 | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,534 | 7,725 | <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> | | |
| 400292087 | CMT Summary * | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 400292086 | 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> | | |
| 400292084 | LAS-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400292085 | LAS-CEMENT BOND | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

General Comments

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

Total: 0 comment(s)