

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 05-123-33642-00 6. County: WELD 7. Well Name: E.L. MINCH Well Number: 25-9D 8. Location: QtrQtr: SENW Section: 9 Township: 3N Range: 68W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: SHUT IN Treatment Type: Treatment Date: 04/11/2012 End Date: Date of First Production this formation: 04/11/2012 Perforations Top: 7387 Bottom: 7410 No. Holes: 92 Hole size: 19/50

Provide a brief summary of the formation treatment:

Open Hole: []

FRACED WITH 810 BBL PAD, 4392 BBL SLF (SLICK WATER) FLUID PLUS 90,400 LBS OF 30/50 WHITE SAND. ATP=4146 PSI, MAX=5067 PSI AR=60.1 BPM, MAX=61.7 BPM, ISIP=2895 PSI

This formation is commingled with another formation: [X] Yes [] No

Total fluid used in treatment (bbl): Max pressure during treatment (psi): Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): Type of gas used in treatment: Max frac gradient (psi/ft): Total acid used in treatment (bbl): Number of staged intervals: Recycled water used in treatment (bbl): Flowback volume recovered (bbl): Fresh water used in treatment (bbl): Disposition method for flowback: Total proppant used (lbs): Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/13/2012 Hours: 16 Bbl oil: 4 Mcf Gas: 120 Bbl H2O: 14 Calculated 24 hour rate: Bbl oil: 84 Mcf Gas: 120 Bbl H2O: 21 GOR: 1428 Test Method: FLOWING Casing PSI: 625 Tubing PSI: Choke Size: 12/64 Gas Disposition: VENTED Gas Type: DRY Btu Gas: 1250 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: ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: SHUT IN Treatment Type: _____

Treatment Date: 04/19/2012 End Date: _____ Date of First Production this formation: 04/19/2012

Perforations Top: 7180 Bottom: 7258 No. Holes: 96 Hole size: 19/50

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

FRACED WITH 920 BBL PAD, 1000 GALLONS 15% HCL ACID, 4083 BBL SLF (SLICK WATER) FLUID PLUS 90,300 LBS OF 30/50 WHITE SAND, ATP=4512 PSI MAX=5610 PSI, AR=62.7, MAX=64.9 BPM, ISIP=2969 PSI

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Max frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/23/2012 Hours: 8 Bbl oil: 2 Mcf Gas: 105 Bbl H2O: 12

Calculated 24 hour rate: Bbl oil: 58 Mcf Gas: 105 Bbl H2O: 36 GOR: 1810

Test Method: FLOWING Casing PSI: 840 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: VENTED Gas Type: DRY Btu Gas: 1250 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: _____ ** Wireline and Cement Job Summary must be attached.

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: 5/17/2012 Email: TCARPIO@APOLLOOPERATING.COM

Attachment Check List

Att Doc Num	Name
400285290	FORM 5A SUBMITTED
400285372	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date
Permit	Off Hold. Input Btu's and Bbl's of water per operator.	7/30/2012 10:05:18 AM
Permit	On hold pending form 5 approval.	7/23/2012 9:59:33 AM

Total: 2 comment(s)