FORM 5A Rev 06/12

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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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 05-123-33845-00
6. County: WELD
7. Well Name: STEFFES
Well Number: 22-2
8. Location: QtrQtr: SENW Section: 2 Township: 3N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type:

Treatment Date: 01/24/2012 End Date: Date of First Production this formation: 02/04/2012

Perforations Top: 7313 Bottom: 7333 No. Holes: 80 Hole size: 41/100

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

5252 BBL AND 90460 # 30-50 SAND, SLICKWATER TREATMENT, THE FORMATION BROKE @ 3888 PSI AND TREATED AT: 61.4 BPM AND 4229 ATP.

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: Min 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: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

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-CODELL Status: PRODUCING Treatment Type:

Treatment Date: 02/01/2012 End Date: Date of First Production this formation: 02/04/2012

Perforations Top: 7045 Bottom: 7333 No. Holes: 484 Hole size: 41/100

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

NIOBRARA A,B SLICKWATER TREATMENT: 4639 BBL & 90280 # 30-50 SAND, 60.6 BPM, 4336 ATP.
NIOBRARA C: SLICKWATER TREATMENT: 5114 BBL & 90144 # 30-50 SAND, 59.2 BPM, 4204 ATP.
CODELL: 5252 BBL & 90460 #30-50 SAND, SLICKWATER TREATMENT, THE FORMATION BROKE @3888 PSI AND TREATED AT: 61.4 BPM & 4229 ATP.

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: Min 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: 02/04/2012 Hours: 24 Bbl oil: 120 Mcf Gas: 84 Bbl H2O: 173

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR: 700

Test Method: FLOWING Casing PSI: 1275 Tubing PSI: Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1250 API Gravity Oil: 43

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: COMMINGLED Treatment Type:

Treatment Date: 02/01/2012 End Date: Date of First Production this formation: 02/04/2012

Perforations Top: 7045 Bottom: 7190 No. Holes: 404 Hole size: 41/100

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

NIOBRARA A,B SLICKWATER TREATMENT: 4639 BBL AND 90280 # 30-50 SAND, 60.6 BPM, 4336 ATP.
NIOBRARA C SLICKWATER TREATMENT: 5114 BBL AND 90144 # 30-50 SAND, 59.2 BPM, 4204 ATP.

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: Min 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: 02/04/2012 Hours: 24 Bbl oil: 120 Mcf Gas: 84 Bbl H2O: 173

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR: 700

Test Method: FLOWING Casing PSI: 1275 Tubing PSI: Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1250 API Gravity Oil: 43

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: 2/8/2012 Email: TCARPIO@APOLLOOPERATING.COM

Attachment Check List

Att Doc Num	Name
400250143	FORM 5A SUBMITTED
400250181	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)