

Document Number:
400225383

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 05-123-33837-00 6. County: WELD
 7. Well Name: STEFFES Well Number: 21-2D
 8. Location: QtrQtr: SENW Section: 2 Township: 3N Range: 68W Meridian: 6
 Footage at surface: Distance: 2035 feet Direction: FNL Distance: 1997 feet Direction: FWL
 As Drilled Latitude: 40.257140 As Drilled Longitude: -104.972690

GPS Data:
 Date of Measurement: 11/09/2011 PDOP Reading: 2.1 GPS Instrument Operator's Name: ADAM KELLY

** If directional footage at Top of Prod. Zone Dist.: 859 feet. Direction: FNL Dist.: 2028 feet. Direction: FWL
 Sec: 2 Twp: 3N Rng: 68W
 ** If directional footage at Bottom Hole Dist.: 857 feet. Direction: FNL Dist.: 2028 feet. Direction: FWL
 Sec: 2 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) 10/09/2011 13. Date TD: 10/12/2011 14. Date Casing Set or D&A: 10/13/2011

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

16. Total Depth MD 7678 TVD** 7568 17 Plug Back Total Depth MD 7644 TVD** 7568

18. Elevations GR 4998 KB 5010 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:

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	12+1/4	8+5/8	24	0	896	630	0	896	CALC
1ST	7+7/8	4+1/2	11.6	0	7,644	660	2,946	7,644	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	
NIOBRARA	7,204	7,404	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,482	7,502	<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

The subreport 'subreport3' could not be found at the specified location W:\Inetpub\Net\Reports\AttachListNew.rdlc. Please

General Comments

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

Total: 0 comment(s)