

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400250126

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 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
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING
Treatment Date: 01/24/2012 Date of First Production this formation: 01/31/2012
Perforations Top: 7482 Bottom: 7502 No. Holes: 80 Hole size: 41/100
Provide a brief summary of the formation treatment: Open Hole: ☐
5252 BBL AND 90400 # 30-50 SAND, SLICKWATER TREATMENT, THE FORMATION BROKE AT 3888 PSI AND TREATED AT: 60.8 BPM AND 4343 ATP.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 01/31/2012 Hours: 24 Bbls oil: 125 Mcf Gas: 153 Bbls H2O: 161
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR: 1221
Test Method: FLOWING Casing PSI: 1775 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:

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

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400250138	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)