

FORM
5
Rev
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:
2288626

Date Received:
05/14/2012

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: 39560 4. Contact Name: MURRAY HERRING
 2. Name of Operator: TOP OPERATING COMPANY Phone: (303) 727-9915x203
 3. Address: 10881 ASBURY AVE STE 230 Fax: (303) 727-9925
 City: LAKEWOOD State: CO Zip: 80227

5. API Number 05-123-10614-00 6. County: WELD
 7. Well Name: RUNYAN Well Number: 1
 8. Location: QtrQtr: SESE Section: 17 Township: 3N Range: 68W Meridian: 6
 Footage at surface: Distance: 990 feet Direction: FSL Distance: 990 feet Direction: FEL
 As Drilled Latitude: 40.221000 As Drilled Longitude: -105.021640

GPS Data:
 Date of Measurement: 07/05/2010 PDOP Reading: 2.8 GPS Instrument Operator's Name: R.K. HERRING

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____
 ** If directional footage at Bottom Hole Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____

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) 06/14/1982 13. Date TD: 06/28/1982 14. Date Casing Set or D&A: 06/28/1982

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

16. Total Depth MD 7800 TVD** _____ 17 Plug Back Total Depth MD 7790 TVD** _____

18. Elevations GR 5044 KB 5054 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:
FDC/IES/CBL

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+3/4	8+5/8	24	0	205	180	0	205	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	6,998	100	6,610	6,998

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	6,964	7,124	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,192	7,208	<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,651	7,666	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORM 5A DOC# 2288625

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS: SURFACE PRESSURE = 0#

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: MURRAY J. HERRING

Title: VICE-PRESIDENT Date: 7/21/2011 Email: TOPOPRTNG@AOL.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
2288626	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Engineer	Rec'd CBL showing TOC prior to squeeze job. But missing all of the casing information!!!!	10/11/2012 9:19:49 AM
Permit	hard copies of logs submitted.	9/5/2012 2:46:55 PM
Permit	removed TVD. not a directional well. requesting digital logs.	8/14/2012 1:57:55 PM
Engineer	missing? CBL - otherwise how were squeeze hole depths determined? req'd 6/13	6/13/2012 1:40:31 PM

Total: 4 comment(s)