

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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Document Number:

2237684

Date Received:

12/11/2012

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

5. API Number 05-123-23886-00  
6. County: WELD  
7. Well Name: SHERWOOD  
Well Number: 1  
8. Location: QtrQtr: SENW Section: 18 Township: 2N Range: 68W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/18/2006 End Date: Date of First Production this formation: 03/19/2007

Perforations Top: 7860 Bottom: 7878 No. Holes: 72 Hole size: 38/100

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

FRAC W/4961 BBLs OF SAND LADEN WATER

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: 12/22/2006 Hours: 24 Bbl oil: 0 Mcf Gas: 1280 Bbl H2O: 80

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1280 Bbl H2O: 80 GOR: 0

Test Method: PROD Casing PSI: Tubing PSI: Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1000 API Gravity Oil: 46

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: 11/26/2010 End Date: \_\_\_\_\_ Date of First Production this formation: \_\_\_\_\_  
Perforations Top: 7184 Bottom: 7412 No. Holes: 216 Hole size: 38/100  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

PERF. CODELL, NIOBRARA, FRAC EACH ZONE W/WTR. LADEN SAND FLOW BACK WATER AND PREPARE WELL TO SELL HYDROCARBONS.

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: 01/06/2011 Hours: 7 Bbl oil: 50 Mcf Gas: 317 Bbl H2O: 10  
Calculated 24 hour rate: Bbl oil: 171 Mcf Gas: 1086 Bbl H2O: 34 GOR: 6340  
Test Method: FLOWING Casing PSI: 2200 Tubing PSI: \_\_\_\_\_ Choke Size: 16/64  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1000 API Gravity Oil: 46  
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: MURRAY J. HERRING  
Title: VICE-PRESIDENT Date: 11/30/2011 Email: TOPOPRTSNG@AOL.COM

**Attachment Check List**

Att Doc Num	Name
2237684	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)