

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: 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: [X] 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

User Group	Comment	Comment Date

Total: 0 comment(s)