

FORM  
5Rev  
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:

400382540

Date Received:

## 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: Paul Herring

2. Name of Operator: TOP OPERATING COMPANY

Phone: (303) 727-9915

3. Address: 10881 ASBURY AVE STE 230

Fax: (303) 727-9925

City: LAKEWOOD State: CO Zip: 80227

5. API Number 05-123-36766-00

6. County: WELD

7. Well Name: Runyan

Well Number: 3

8. Location: QtrQtr: SESE Section: 17 Township: 3N Range: 68W Meridian: 6

Footage at surface: Distance: 905 feet Direction: FSL Distance: 1118 feet Direction: FEL

As Drilled Latitude: 40.220980 As Drilled Longitude: -105.021320

## GPS Data:

Date of Measurement: 11/14/2012 PDOP Reading: 1.9 GPS Instrument Operator's Name: Adam Kelly

\*\* If directional footage at Top of Prod. Zone Dist.: 660 feet. Direction: FSL Dist.: 1980 feet. Direction: FEL

Sec: 17 Twp: 3N Rng: 68W

\*\* If directional footage at Bottom Hole Dist.: 660 feet. Direction: FSL Dist.: 1980 feet. Direction: FEL

Sec: 17 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) 02/12/2013 13. Date TD: 02/16/2013 14. Date Casing Set or D&amp;A: 02/16/2013

## 15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7882 TVD\*\* 7800 17 Plug Back Total Depth MD 7876 TVD\*\* 7800

18. Elevations GR 5046 KB 5061

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:

CDNI

## 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	433	320		433	CALC
1ST	7+7/8	4+1/2	11.6	0	7,876	250		250	CALC

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 02/17/2013					
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	S.C. 1.1		250		
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	
SHANNON	4,438	4,506	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,984	7,150	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,242	7,261	<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,729	7,840	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

No cores were taken.

No COGCC correspondance outside of forms 2 and 2A submitted through eforms.

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

Signed: \_\_\_\_\_

Print Name: Paul Herring

Title: Landman

Date:

Email: paul.herring@topoperating.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400397978	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400383156	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input 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"/>
<u>Other Attachments</u>					
400383150	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)