

FORM  
5A

Rev  
09/20

# State of Colorado

## Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 892-2109



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Document Number:  
402809197

Date Received:

### 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: <u>39560</u>	4. Contact Name: <u>Paul Herring</u>
2. Name of Operator: <u>TOP OPERATING COMPANY</u>	Phone: <u>(720) 6631698</u>
3. Address: <u>3609 S WADSWORTH BLVD STE 340</u>	Fax: _____
City: <u>LAKEWOOD</u> State: <u>CO</u> Zip: <u>80235</u>	Email: <u>paul.herring@topoperating.com</u>

5. API Number <u>05-013-06036-00</u>	6. County: <u>BOULDER</u>
7. Well Name: <u>TANAKA BROS</u>	Well Number: <u>1</u>
8. Location: QtrQtr: <u>NESE</u> Section: <u>2</u> Township: <u>1N</u> Range: <u>69W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

### Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 09/30/1999 End Date: 09/30/1999 Date this Formation was Completed: 10/15/1999

Perforations Top: 7637 Bottom: 7618 No. Holes: 76 Hole size: 38/100 Open Hole:

Describe the Formation Treatment, including the following: type of fluid used (gel, slickwater, etc.), type and concentration of acid used (HCl, HF, etc.), types and amounts of proppant(s) used, depth details of multiple zones, and method used to determine flowback volume.

141,500 gallons, 400,000 lbs of White 20/40 mesh sand

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 3333 Max pressure during treatment (psi): 5709

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 4.01

Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): \_\_\_\_\_

Total acid used in treatment (bbl): 0 Number of staged intervals: \_\_\_\_\_

Recycled or Reused Fluids used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): \_\_\_\_\_

Fresh water used in treatment (bbl): \_\_\_\_\_ Disposition method for flowback: \_\_\_\_\_

Total proppant used (lbs): \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

#### Test Information:

Hours: \_\_\_\_\_ Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_

Calculated 24 hour rate: Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_ GOR: \_\_\_\_\_

Test Method: \_\_\_\_\_ Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_

Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ Btu Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_

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: J SAND Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 09/28/1999 End Date: 09/28/1999 Date this Formation was Completed: 04/07/1981

Perforations Top: 8056 Bottom: 8068 No. Holes: 18 Hole size: 38/100 Open Hole:

Describe the Formation Treatment, including the following: type of fluid used (gel, slickwater, etc.), type and concentration of acid used (HCl, HF, etc.), types and amounts of proppant(s) used, depth details of multiple zones, and method used to determine flowback volume.

Frac'd w/ 162,570 gallons of H2O with 40,000 lbs of 20/40 white sand

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 162570 Max pressure during treatment (psi): 7000

Total gas used in treatment (mcf): 0 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 or Reused Fluids used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): \_\_\_\_\_

Fresh water used in treatment (bbl): \_\_\_\_\_ Disposition method for flowback: \_\_\_\_\_

Total proppant used (lbs): \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Hours: \_\_\_\_\_ Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_  
Date: \_\_\_\_\_ Calculated 24 hour rate: Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_ GOR: \_\_\_\_\_  
Test Method: \_\_\_\_\_ Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_  
Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ Btu Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_  
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: NIORARA-CODELL Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 09/30/1999 End Date: 09/30/1999 Date this Formation was Completed: 10/15/1999  
Perforations Top: 7480 Bottom: 7618 No. Holes: 99 Hole size: 38/100 Open Hole:

Describe the Formation Treatment, including the following: type of fluid used (gel, slickwater, etc.), type and concentration of acid used (HCl, HF, etc.), types and amounts of proppant(s) used, depth details of multiple zones, and method used to determine flowback volume.

\_\_\_\_\_

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 or Reused Fluids used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): \_\_\_\_\_  
Fresh water used in treatment (bbl): \_\_\_\_\_ Disposition method for flowback: \_\_\_\_\_  
Total proppant used (lbs): \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Hours: \_\_\_\_\_ Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_  
Date: \_\_\_\_\_ Calculated 24 hour rate: Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_ GOR: \_\_\_\_\_  
Test Method: \_\_\_\_\_ Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_  
Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ Btu Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_  
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: NIORARA Status: COMMINGLED Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 09/30/1999 End Date: 09/30/1999 Date this Formation was Completed: 10/15/1999  
Perforations Top: 7480 Bottom: 7500 No. Holes: 23 Hole size: 38/100 Open Hole:

Describe the Formation Treatment, including the following: type of fluid used (gel, slickwater, etc.), type and concentration of acid used (HCl, HF, etc.), types and amounts of proppant(s) used, depth details of multiple zones, and method used to determine flowback volume.

Describe the Formation Treatment, including the following: type of fluid used (aer. slickwater, etc.), type and concentration of acid used (HCl).

141,500 gallons, 400,000 lbs of White 20/40 mesh sand

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 3333 Max pressure during treatment (psi): 5709

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 4.01

Type of gas used in treatment: Min frac gradient (psi/ft):

Total acid used in treatment (bbl): Number of staged intervals:

Recycled or Reused Fluids used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): Disposition method for flowback:

Total proppant used (lbs):

Fracture stimulations must be reported on FracFocus.org

Test Information:

Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

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:

This form is being submitted to record the completion of the Nio, Codell and recompletion of the JSand that happened in 1999. The number of holes used during perforation is an estimate. All other information comes from the treatment summary reports attached to this form.

Some information such as the number of holes is estimated as it was not found in documentation from 20+ years ago.

This form is being submitted in order to update records and in order for the well to be approved for initial plugging. A Form 6I is being submitted at the same time. With permission from the COGCC, production records will be corrected and submitted before the Form 6S (subsequent) is submitted.

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 List

Table with 2 columns: Att Doc Num, Name. Rows include 402810517 OTHER, 402810527 OTHER, 402810551 WELLBORE DIAGRAM

Total Attach: 3 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)