

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) 894-2109



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Document Number:

402809197

Date Received:

09/15/2021

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: 3609 S WADSWORTH BLVD STE 340

City: LAKEWOOD

State: CO

Zip: 80235

4. Contact Name: Paul Herring

Phone: (720) 6631698

Fax:

Email: paul.herring@topoperating.com

5. API Number 05-013-06036-00

7. Well Name: TANAKA BROS

8. Location: QtrQtr: NESE

Section: 2

Township: 1N

Range: 69W

Meridian: 6

9. Field Name: WATTENBERG

Field Code: 90750

6. County: BOULDER

Well Number: 1

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: 7618 Bottom: 7637 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:
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: 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: NIOBRARA-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: 7637 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: NIOBRARA 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: 9/15/2021 Email: paul.herring@topoperating.com

Attachment List

Att Doc Num	Name
402809197	FORM 5A SUBMITTED
402810517	OTHER
402810527	OTHER
402810551	WELLBORE DIAGRAM

Total Attach: 4 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Corrected inverted tops/bottoms. Pass.	09/15/2021

Total: 1 comment(s)