

FORM
5A

Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

2286039

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

4. Contact Name: MURRAY J. 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 05-123-23908-00

6. County: WELD

7. Well Name: SHERWOOD

Well Number: 2

8. Location: QtrQtr: Lot 1 Section: 18

Township: 2N

Range: 68W

Meridian: 6

9. Field Name: WATTENBERG

Field Code: 90750

Completed Interval

FORMATION: J SAND		Status: PRODUCING			
Treatment Date: 11/15/2006		Date of First Production this formation: 11/21/2006			
Perforations	Top: 7836	Bottom: 7860	No. Holes: 96	Hole size: 38/100	
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>			
FRAC W/225928 GALS OF SLURRY & 302,546 # 20/40 SD					
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Test Information:					
Date: 11/21/2006	Hours: 24	Bbls oil:	Mcf Gas: 250	Bbls H2O: 80	
Calculated 24 hour rate:		Bbls oil:	Mcf Gas: 250	Bbls H2O: 80	GOR:
Test Method: FLOWING		Casing PSI: 900	Tubing PSI: 380	Choke Size: 22/64	
Gas Disposition: SOLD		Gas Type: WET	BTU Gas: 1137	API Gravity Oil:	
Tubing Size: 2 + 3/8	Tubing Setting Depth: 7806	Tbg setting date: 11/17/2006	Packer Depth:		
Reason for Non-Production:					
Date formation Abandoned:		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt		
Bridge Plug Depth:		Sacks cement on top:			

FORMATION: NIOBRARA-CODELL			Status: PRODUCING		
Treatment Date: 01/23/2011		Date of First Production this formation: 01/27/2011			
Perforations	Top: 7190	Bottom: 7398	No. Holes: 196	Hole size: 38/100	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
FRAC CODELL, NIOBRARA B&C ZONES W/11,494 BBLS WTR AND 701,000# SAND.					
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Test Information:					
Date: 01/16/2011	Hours: 6	Bbls oil: 10	Mcf Gas: 45	Bbls H2O: 8	
Calculated 24 hour rate:		Bbls oil: 40	Mcf Gas: 180	Bbls H2O: 32	GOR: 4500
Test Method: FLOWING		Casing PSI: 1900	Tubing PSI:	Choke Size: 16/64	
Gas Disposition: SOLD		Gas Type: WET	BTU Gas: 1137	API Gravity Oil: 48	
Tubing Size:	Tubing Setting Depth:	Tbg setting date:		Packer Depth:	
Reason for Non-Production:					
Date formation Abandoned:		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt		
Bridge Plug Depth:		Sacks cement on top:			

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: 11/9/2011 TOPOPRTNG@AOL.COM

Email
:

Attachment Check List

Att Doc Num	Name
2286039	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	corrected operator number to 39560. notified operator of change.	12/28/2011 10:07:37 AM

Total: 1 comment(s)