

**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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COMPLETED INTERVAL REPORT

Document Number:

2286367

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>MURRAY HERRING</u>
2. Name of Operator: <u>TOP OPERATING COMPANY</u>	Phone: <u>(303) 727-9915</u>
3. Address: <u>10881 ASBURY AVE STE 230</u>	Fax: <u>(303) 727-9925</u>
City: <u>LAKEWOOD</u> State: <u>CO</u> Zip: <u>80227</u>	

5. API Number <u>05-123-23908-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>SHERWOOD</u>	Well Number: <u>2</u>
8. Location: QtrQtr: <u>Lot 1</u> Section: <u>18</u> Township: <u>2N</u> Range: <u>68W</u> Meridian: <u>6</u>	
9. Field Name: <u>WATTENBERG</u> Field Code: <u>90750</u>	

Completed Interval

FORMATION: J SANDStatus: PRODUCINGTreatment Date: 11/16/2006Date of First Production this formation: 03/19/2007Perforations 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 SAN LADEN WATER

This formation is commingled with another formation: Yes No**Test Information:**Date: 11/21/2006 Hours: 24 Bbls oil: 0 Mcf Gas: 250 Bbls H2O: 80Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 250 Bbls H2O: 80 GOR: _____Test Method: PROD Casing PSI: 900 Tubing PSI: 380 Choke Size: 18/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1137 API Gravity Oil: 0Tubing Size: 2 + 3/8 Tubing Setting Depth: 7806 Tbg setting date: 11/17/2006 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: _____

FORMATION: NIOBRARA-CODELLStatus: PRODUCINGTreatment Date: 01/19/2011Date of First Production this formation: 02/04/2011Perforations Top: 7190 Bottom: 7380 No. Holes: 192 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**Test Information:**Date: 02/10/2011 Hours: 6 Bbls oil: 50 Mcf Gas: 310 Bbls H2O: 11Calculated 24 hour rate: Bbls oil: 200 Mcf Gas: 1240 Bbls H2O: 44 GOR: 6200Test Method: FLOWING Casing PSI: 1900 Tubing PSI: _____ Choke Size: 16/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1137 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: _____

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: VP

Date: 11/30/2011

Email: TOPOPRTSNG@AOL.COM

Attachment Check List

Att Doc Num	Name
2286367	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)