

**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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2331932  
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03/23/2012

**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>M.J. 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>05-123-10613-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>KINTZ</u>	Well Number: <u>1</u>
8. Location: QtrQtr: <u>SENE</u> Section: <u>8</u> Township: <u>3N</u> Range: <u>68W</u> Meridian: <u>6</u>	
9. Field Name: _____	Field Code: _____

### Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>02/07/1983</u>	Date of First Production this formation: <u>02/11/1983</u>
Perforations Top: <u>7320</u> Bottom: <u>7328</u>	No. Holes: <u>16</u> Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
FRAC W/114,000# SD. & 68,300 GALS OF WATER. IR = 12.5 BBLs/MIN SEE CHRONOLOGICAL HISTORY FOR MORE DETAIL	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>02/19/1983</u> Hours: <u>24</u> Bbls oil: <u>21</u> Mcf Gas: _____ Bbls H2O: <u>0</u>	
Calculated 24 hour rate: _____ Bbls oil: <u>21</u> Mcf Gas: _____ Bbls H2O: <u>0</u> GOR: _____	
Test Method: <u>FLOWING</u> Casing PSI: <u>950</u> Tubing PSI: <u>700</u> Choke Size: <u>18/64</u>	
Gas Disposition: <u>VENTED</u> Gas Type: <u>WET</u> BTU Gas: <u>0</u> API Gravity Oil: <u>47</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7158</u> Tbg setting date: <u>02/01/1983</u> Packer Depth: _____	
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: <u>7480</u> Sacks cement on top: _____	

FORMATION: <u>J SAND</u>	Status: <u>TEMPORARILY ABANDONED</u>
Treatment Date: <u>12/21/1982</u>	Date of First Production this formation: _____
Perforations Top: <u>7792</u> Bottom: <u>77937</u>	No. Holes: <u>10</u> Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
WASHED PERFS. W/ACID	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>01/22/1982</u> Hours: <u>12</u> Bbls oil: <u>0</u> Mcf Gas: <u>1</u> Bbls H2O: _____	
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: <u>1</u> Bbls H2O: _____ GOR: _____	
Test Method: <u>FLOWING UN REST</u> Casing PSI: <u>10</u> Tubing PSI: <u>10</u> Choke Size: <u>2 + 3/8</u>	
Gas Disposition: <u>VENTED</u> Gas Type: <u>DRY</u> BTU Gas: <u>1</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7815</u> Tbg setting date: <u>12/21/1982</u> Packer Depth: <u>7815</u>	
Reason for Non-Production: NO GAS LINE FOR SALE OF GAS	
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: VP

Date: 1/12/2012

Email TOPOPRTNG@AOL.COM

### **Attachment Check List**

<b>Att Doc Num</b>	<b>Name</b>
2331932	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

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

Total: 0 comment(s)