

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:

2331932

Date Received:

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: 39560

4. Contact Name: M.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 05-123-10613-00

6. County: WELD

7. Well Name: KINTZ

Well Number: 1

8. Location: QtrQtr: SENE Section: 8 Township: 3N

Range: 68W Meridian: 6

9. Field Name: Field Code:

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>
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Treatment Date: <u>02/07/1983</u>	Date of First Production this formation: <u>02/11/1983</u>
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Perforations	Top: <u>7320</u>	Bottom: <u>7328</u>	No. Holes: <u>16</u>	Hole size: <u>38/100</u>
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Provide a brief summary of the formation treatment: _____ Open Hole: ☐

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: ☐ Yes ☒ No

Test Information:

Date: <u>02/19/1983</u>	Hours: <u>24</u>	Bbls oil: <u>21</u>	Mcf Gas: _____	Bbls H2O: <u>0</u>
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Calculated 24 hour rate:	Bbls oil: <u>21</u>	Mcf Gas: _____	Bbls H2O: <u>0</u>	GOR: _____
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Test Method: <u>FLOWING</u>	Casing PSI: <u>950</u>	Tubing PSI: <u>700</u>	Choke Size: <u>18/64</u>
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Gas Disposition: <u>VENTED</u>	Gas Type: <u>WET</u>	BTU Gas: <u>0</u>	API Gravity Oil: <u>47</u>
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Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7158</u>	Tbg setting date: <u>02/01/1983</u>	Packer Depth: _____
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Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: <u>J SAND</u>	Status: <u>TEMPORARILY ABANDONED</u>
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Treatment Date: <u>12/21/1982</u>	Date of First Production this formation: _____
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Perforations	Top: <u>7792</u>	Bottom: <u>77937</u>	No. Holes: <u>10</u>	Hole size: <u>38/100</u>
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Provide a brief summary of the formation treatment: _____ Open Hole: ☐

WASHED PERFS. W/ACID

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: <u>01/22/1982</u>	Hours: <u>12</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>1</u>	Bbls H2O: _____
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Calculated 24 hour rate:	Bbls oil: _____	Mcf Gas: <u>1</u>	Bbls H2O: _____	GOR: _____
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Test Method: <u>FLOWING UN REST</u>	Casing PSI: <u>10</u>	Tubing PSI: <u>10</u>	Choke Size: <u>2 + 3/8</u>
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Gas Disposition: <u>VENTED</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1</u>	API Gravity Oil: <u>0</u>
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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>
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Reason for Non-Production: _____

NO GAS LINE FOR SALE OF GAS

Date formation Abandoned: _____ Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

Bridge Plug Depth: 7480 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

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)