

FORM  
5Rev  
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



DE ET OE ES

Document Number:

2286038

Date Received:

11/18/2011

## DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary 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 05-013-06096-00

6. County: BOULDER

7. Well Name: RIDER

Well Number: 1

8. Location: QtrQtr: NESE Section: 36 Township: 3N Range: 69W Meridian: 6

Footage at surface: Distance: 1650 feet Direction: FSL Distance: 990 feet Direction: FEL

As Drilled Latitude: 40.179100 As Drilled Longitude: -105.058699

## GPS Data:

Date of Measurement: 07/05/2010 PDOP Reading: 2.4 GPS Instrument Operator's Name: ROD HERRING

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

\*\* If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

9. Field Name: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 01/29/1982 13. Date TD: 02/10/1982 14. Date Casing Set or D&amp;A: 02/11/1982

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7266 TVD\*\* 17 Plug Back Total Depth MD 7266 TVD\*\*

18. Elevations GR 4972 KB 4982

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

## 19. List Electric Logs Run:

IES, CDN, CBL. LOGS RUN IN 1982. NO DIGITAL LOGS AVAILABLE. ALL HARDCOPY LOGS SUBMITTED TO COGCC.

## 20. Casing, Liner and Cement:

## CASING

| Casing Type | Size of Hole | Size of Casing | Wt/Ft | Csg/Liner Top | Setting Depth | Sacks Cmt | Cmt Top | Cmt Bot | Status |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| SURF        | 12+1/4       | 8+5/8          |       | 0             | 200           | 210       | 0       | 200     |        |
| 1ST         | 7+7/8        | 4+1/2          |       | 0             | 7,265         | 200       | 6,190   | 7,265   |        |

## STAGE/TOP OUT/REMEDIAL CEMENT

|                         |        |                                   |               |            |               |
|-------------------------|--------|-----------------------------------|---------------|------------|---------------|
| Cement work date: _____ |        |                                   |               |            |               |
| Method used             | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|                         |        |                                   |               |            |               |
| Details of work:        |        |                                   |               |            |               |

21. Formation log intervals and test zones:

| FORMATION LOG INTERVALS AND TEST ZONES |                |        |                          |                          |   |
|--|----------------|--------|--------------------------|--------------------------|---|
| FORMATION NAME                         | Measured Depth |        | Check if applies         |                          | COMMENTS (All DST and Core Analyses must be submitted to COGCC) |
|  | Top            | Bottom | DST                      | Cored                    |   |
| SUSSEX                                 | 3,415          | 3,515  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| NIOBRARA                               | 6,464          | 6,649  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| FORT HAYS                              | 6,649          | 6,675  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CODELL                                 | 6,672          | 6,690  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| J SAND                                 | 7,138          | 7,154  | <input type="checkbox"/> | <input type="checkbox"/> |   |

Comment:

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS: NO DST OR CORES

FORM 5A DOC#2286037

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: 11/4/2011

Email: TOPOPRTNG@AOL.COM

### Attachment Check List

| Att Doc Num                 | Document Name         | attached ? |                                     |    |                                     |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> |                       |            |                                     |    |                                     |
| 1694804                     | CMT Summary *         | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
|                             | Core Analysis         | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
|                             | Directional Survey ** | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
|                             | DST Analysis          | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
|                             | Logs                  | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
|                             | Other                 | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| <u>Other Attachments</u>    |                       |            |                                     |    |                                     |
| 2286038                     | FORM 5 SUBMITTED      | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |

**General Comments**

| <b><u>User Group</u></b> | <b><u>Comment</u></b>  | <b><u>Comment Date</u></b> |
|--------------------------|--|----------------------------|
| Permit                   | Received cement job summary. operator unable to provide additional information.  | 3/15/2012<br>2:24:40 PM    |
| Permit                   | ON HOLD: Added formation and tops per operator. w/o wireline and cement job summary & digital logs from work done 8/11/10. | 2/7/2012<br>11:56:52 AM    |
| Permit                   | ON HOLD: Requesting the formation and tops, the cement job summary and/or wireline & the digital logs.                     | 1/25/2012<br>3:44:56 PM    |
| Permit                   | ON HOLD: Requesting the formation and tops, the cement job summary and/or wireline & the digital logs.                     | 1/4/2012<br>10:01:58 AM    |
| Permit                   | Corrected API # to 013-06096. Notified operator of change.   | 12/28/2011<br>10:04:44 AM  |
| Data Entry               | CHECK CSG/LINER TOP.   | 12/23/2011<br>1:05:09 PM   |

Total: 6 comment(s)