

FORM
5A

Rev
06/12

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

2286264

Date Received:

12/01/2011

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

5. API Number 05-123-10614-00
6. County: WELD
7. Well Name: RUNYAN
Well Number: 1
8. Location: QtrQtr: SESE Section: 17 Township: 3N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: TEMPORARILY ABANDONED Treatment Type:
Treatment Date: 01/20/1983 End Date: Date of First Production this formation: 01/14/1983
Perforations Top: 7658 Bottom: 7685 No. Holes: 40 Hole size: 38/100
Provide a brief summary of the formation treatment: Open Hole: ☐
This formation is commingled with another formation: ☐ Yes ☒ No
Total fluid used in treatment (bbl): Max pressure during treatment (psi):
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):
Type of gas used in treatment: Max frac gradient (psi/ft):
Total acid used in treatment (bbl): Number of staged intervals:
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback:
Total proppant used (lbs): Rule 805 green completion techniques were utilized: ☐
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: SOLD Gas Type: WET Btu Gas: API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:
Reason for Non-Production: place a plug @ 7450' with two sacks of sand on top when we fraced the Codell /Niobrara.
Date formation Abandoned: 07/15/2011 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt
** Bridge Plug Depth: 7450 ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____
Treatment Date: 07/15/2011 End Date: _____ Date of First Production this formation: 08/24/2011
Perforations Top: 6990 Bottom: 7209 No. Holes: 120 Hole size: 40/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

FRAC W/331,700 GALS OF WTR. & DYNAFLOW & 659,000 # SD PRODUCING UP CSG.

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

Total fluid used in treatment (bbl): _____

Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____

Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____

Max frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____

Number of staged intervals: _____

Recycled water used in treatment (bbl): _____

Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____

Disposition method for flowback: _____

Total proppant used (lbs): _____

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/23/2011 Hours: 4 Bbl oil: 60 Mcf Gas: 98 Bbl H2O: 66
Calculated 24 hour rate: Bbl oil: 320 Mcf Gas: 523 Bbl H2O: 352 GOR: 1633
Test Method: FLOWING Casing PSI: 1900 Tubing PSI: _____ Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1750 API Gravity Oil: 45
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: _____ ** Wireline and Cement Job Summary must be attached.

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: 11/28/2011 Email: TOPOPRNG@AOL.COM

Attachment Check List

Att Doc Num	Name
2286264	FORM 5A SUBMITTED
2286265	CEMENT JOB SUMMARY

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	per operator. place a plug @ 7450' with two sacks of sand on top of J Sand when we fraced the Codell /Niobrara.	9/5/2012 2:50:44 PM
Permit	ON HOLD: Requesting correction to J Sand "panel".	7/17/2012 3:49:33 PM
Engineer	lists bridge plug and still lists jsand as producing?	1/20/2012 8:47:26 AM

Total: 3 comment(s)