

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: PRODUCING Treatment Type:

Treatment Date: 01/20/1983 End Date: Date of First Production this formation: 01/31/1983

Perforations Top: 7658 Bottom: 7685 No. Holes: 40 Hole size: 38/100

Provide a brief summary of the formation treatment: Open Hole: []

FRAC W/260,500 # 20/40 SAND & 2459 BBLS WATER. PRODUCING UP CSG.

This formation is commingled with another formation: [X] 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:

Date formation Abandoned: Squeeze: [] Yes [X] No If yes, number of sacks cmt

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

Comment:

FORM 5 DOC # 2288626

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 TOPOPRTNG@AOL.COM
:

Attachment Check List

Att Doc Num	Name
2288625	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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