

FORM  
5Rev  
02/08

## State of Colorado

## Oil and Gas Conservation Commission

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



DE ET OE ES

Document Number:

2171170

Date Received:

08/29/2012

## 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) 727-9928

City: LAKEWOOD State: CO Zip: 80227

5. API Number 05-123-10615-00

6. County: WELD

7. Well Name: STAMP

Well Number: 31-2C

8. Location: QtrQtr: NENW Section: 31 Township: 3N Range: 68W Meridian: 6

Footage at surface: Distance: 990 feet Direction: FNL Distance: 1980 feet Direction: FWL

As Drilled Latitude: 40.186450 As Drilled Longitude: -105.048090

## GPS Data:

Date of Measurement: 07/05/2010 PDOP Reading: 3.2 GPS Instrument Operator's Name: RK 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) 05/17/1982 13. Date TD: 05/30/1982 14. Date Casing Set or D&amp;A:

## 15. Well Classification:

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

16. Total Depth MD 7433 TVD\*\* 17 Plug Back Total Depth MD 7388 TVD\*\*

18. Elevations GR 4960 KB 4971

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:

CBL IES DENSITY

## 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	239	210	0	239	CALC
1ST	7+7/8	4+1/2		0	7,388	220	6,795	7,388	CBL

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	S.C. 1.1	6,766	160	6,390	6,770
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	
NIOBRARA	6,452	6,781	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	6,781	6,801	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	6,801	6,822	<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,260	7,360	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS RE COMPLETE IN CODELL

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: 2/14/2011 Email: TOPOPRTNG@AOL.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" 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>					
2171170	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)