

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:

2286366

Date Received:

12/05/2011

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 HERRING
Phone: (303) 727-9915
Fax: (303) 727-9925

5. API Number 05-123-23886-00
6. County: WELD
7. Well Name: SHERWOOD
Well Number: 1
8. Location: QtrQtr: Lot 1 Section: 18 Township: 2N Range: 68W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: J SAND Status: PRODUCING Treatment Type:
Treatment Date: 11/18/2006 End Date: Date of First Production this formation: 03/19/2007
Perforations Top: 7860 Bottom: 7878 No. Holes: 72 Hole size: 38/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

FRAC W/4961 BBLS OF SAND LADEN WATER

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:

Min 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: 12/22/2006 Hours: 24 Bbl oil: 0 Mcf Gas: 1280 Bbl H2O: 80
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1280 Bbl H2O: 80 GOR: 0
Test Method: PROD Casing PSI: 1000 Tubing PSI: Choke Size: 18/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1170 API Gravity Oil: 0
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.

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____
Treatment Date: 11/26/2010 End Date: _____ Date of First Production this formation: 01/03/2011
Perforations Top: 7184 Bottom: 7412 No. Holes: 216 Hole size: 38/100
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

PERF CODELL, NIOBRARA, FRAC EACH ZONE W/WTR. LADEN SAND FLOW BACK WATER AND PREPARE WELL TO SELL HYDROCARBONS

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: _____ Min 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: 01/06/2011 Hours: 7 Bbl oil: 50 Mcf Gas: 317 Bbl H2O: 10
Calculated 24 hour rate: Bbl oil: 171 Mcf Gas: 1086 Bbl H2O: 34 GOR: 6350
Test Method: FLOWING Casing PSI: 2200 Tubing PSI: _____ Choke Size: 16/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1170 API Gravity Oil: 46
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: VP Date: 11/30/2011 Email: TOPOPRTSNG@AOL.COM

Attachment Check List

Att Doc Num	Name
2286366	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	Received BTU Gas. ok to pass.	11/6/2012 1:31:11 PM
Permit	ON HOLD: Requesting 2 additional panels with NB info separate status commingled and CD info separate status commingled. Need BTU Gas.	2/1/2012 4:32:30 PM

Total: 2 comment(s)