

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:

400382536

Date Received:

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: Paul Herring

2. Name of Operator: TOP OPERATING COMPANY

Phone: (303) 727-9925

3. Address: 10881 ASBURY AVE STE 230

Fax:

City: LAKEWOOD State: CO Zip: 80227

5. API Number 05-123-36621-00

6. County: WELD

7. Well Name: Kintz

Well Number: 2

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

Footage at surface: Distance: 1883 feet Direction: FNL Distance: 920 feet Direction: FEL

As Drilled Latitude: 40.242568 As Drilled Longitude: -105.020890

GPS Data:

Data of Measurement: 02/04/2013 PDOP Reading: 2.3 GPS Instrument Operator's Name: Brian Rottinghaus

** If directional footage at Top of Prod. Zone Dist.: 1996 feet. Direction: FSL Dist.: 1985 feet. Direction: FEL

Sec: 8 Twp: 3N Rng: 68W

** If directional footage at Bottom Hole Dist.: 1996 feet. Direction: FSL Dist.: 1985 feet. Direction: FEL

Sec: 8 Twp: 3N Rng: 68W

9. Field Name: WATTENBERG

10. Field Number: 90750

11. Federal, Indian or State Lease Number: N/A

12. Spud Date: (when the 1st bit hit the dirt) 01/30/2013 13. Date TD: 02/03/2013 14. Date Casing Set or D&A: 02/05/2013

15. Well Classification:

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

16. Total Depth MD 8275 TVD** 7850 17 Plug Back Total Depth MD 7971 TVD** 7590

18. Elevations GR 5079 KB 5092

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:

CDNI

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	9+5/8	24	0	400		0	433	CALC
1ST	7+7/8	4+1/2	11.6	0	8,450	650			CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 02/03/2013					
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	S.C. 1.1		650	2,128	7,988

Details of work:

Ran 30 centralizers and 2 cement baskets at 6000' and 4500'. Halliburton cemented with 500 sacks of 12.5 ppg EconoCem cement and 150 sacks of 13.5 ppg FrecCem.

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	
SHANNON	4,794		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,396		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,649		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,659		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,179		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Core analysis was not performed.

DST analysis was not performed.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Paul Herring

Title: Landman

Date:

Email: pherring2000@yahoo.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400385404	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400384704	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400384703	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400384709	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400385907	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)