

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:

400399258

Date Received:

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: Paul Herring

Phone: (720) 663-1698

Fax: (303) 7279925

5. API Number 05-123-36766-00

7. Well Name: Runyan

8. Location: QtrQtr: SESE

Section: 17

Township: 3N

Range: 68W

Meridian: 6

9. Field Name: WATTENBERG

Field Code: 90750

6. County: WELD

Well Number: 3

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>03/19/2013</u>		End Date: <u>03/19/2013</u>		Date of First Production this formation: _____	
Perforations	Top: <u>7266</u>	Bottom: <u>7284</u>	No. Holes: <u>72</u>	Hole size: <u>38/100</u>	

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

TREATED WITH 4785 BBLs AND 11,989#s OF 30/50 SAND AND 5,000# OF 20/40 SAND. FLOW THROUGH PLUG SET AT 7210'.
 TUBING HAS NOT BEEN RUN YET.

This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Total fluid used in treatment (bbl): <u>4785</u>	Max pressure during treatment (psi): <u>4795</u>
Total gas used in treatment (mcf): <u>0</u>	Fluid density at initial fracture (lbs/gal): <u>8.34</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.85</u>
Total acid used in treatment (bbl): <u>23</u>	Number of staged intervals: <u>10</u>
Recycled water used in treatment (bbl): <u>0</u>	Flowback volume recovered (bbl): <u>2428</u>
Fresh water used in treatment (bbl): <u>4785</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>105980</u>	Rule 805 green completion techniques were utilized: <input type="checkbox"/>
Reason why green completion not utilized: <u>PRESSURE</u>	

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>03/23/2013</u>	Hours: <u>5</u>	Bbl oil: <u>24</u>	Mcf Gas: <u>50</u>	Bbl H2O: <u>57</u>
Calculated 24 hour rate:	Bbl oil: <u>117</u>	Mcf Gas: <u>240</u>	Bbl H2O: <u>272</u>	GOR: <u>2051</u>
Test Method: <u>Flowback</u>	Casing PSI: <u>500</u>	Tubing PSI: _____	Choke Size: <u>18/64</u>	
Gas Disposition: <u>VENTED</u>	Gas Type: <u>WET</u>	Btu Gas: <u>1260</u>	API Gravity Oil: <u>47</u>	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	

Reason for Non-Production:

Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, number of sacks cmt _____
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** Bridge Plug Depth: _____
 ** Sacks cement on top: _____
 ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION
Treatment Date: 03/19/2013 End Date: 03/19/2013 Date of First Production this formation: 03/23/2013
Perforations Top: 7120 Bottom: 7142 No. Holes: 88 Hole size: 38/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

FRACED THE NIOBRARA C DOWN 4 1/2" WITH 193,494 GALS. OF FR WATER PAD, 16,250# OF 40/70 SAND, 93,860# OF 30/50 SAND AND 5,000# OF SUPER Ic 2040 SAND. CODELL AND NIOBRA FRACED ON SAME DATE, ONE FLOW BACK REPORTED FOR BOTH FORMATIONS.

NO TUBING SET

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

Total fluid used in treatment (bbl): 4607

Max pressure during treatment (psi): 5233

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment:

Min frac gradient (psi/ft): 0.83

Total acid used in treatment (bbl): 0

Number of staged intervals: 9

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 2428

Fresh water used in treatment (bbl): 4607

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 115380

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: PRESSURE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/23/2013 Hours: 5 Bbl oil: 24 Mcf Gas: 50 Bbl H2O: 57
Calculated 24 hour rate: Bbl oil: 117 Mcf Gas: 240 Bbl H2O: 272 GOR: 2051
Test Method: Flowback Casing PSI: 500 Tubing PSI: Choke Size: 18/64
Gas Disposition: VENTED Gas Type: WET Btu Gas: 1260 API Gravity Oil: 47
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth: 7210

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:

CODELL AND NIOBRA FRACED AT SAME TIME, FLOW BACK REPORTED ON BOTH.

NO TUBING SET

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 paul.herring@topoperating.com

Attachment Check List

Att Doc Num	Name
400400025	WIRELINER JOB SUMMARY

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)