

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:

400403182

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) 727-9925

5. API Number 05-123-31089-00

7. Well Name: HALEY

8. Location: QtrQtr: NWSW

Section: 20

Township: 3N

Range: 68W

Meridian: 6

9. Field Name: WATTENBERG

Field Code: 90750

6. County: WELD

Well Number: 2

Completed Interval

FORMATION: <u>CODELL</u>		Status: <u>COMMINGLED</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>12/11/2010</u>		End Date: <u>12/11/2010</u>		Date of First Production this formation: <u>12/13/2010</u>	
Perforations	Top: <u>7527</u>	Bottom: <u>7507</u>	No. Holes: <u>80</u>	Hole size: <u>38/100</u>	

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

Fraced the Codell down 4 1/2" casing with 40,000 gal of FR water, 10,000 gal of FR water with 1/2 ppg of 20/49, 10,000 gal of FR water with 1 ppg, and 101,500 gal oof DynaFlow-2WR at 1.5-4 ppg totaling wth 290,000# of 20/40 sand and 10,000# of Sper LC 20/40 sand.

Niobrara and Codell frac'd on same date. Flow back and testing reported for both.

Tubing installed after test

This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Total fluid used in treatment (bbl): <u>7691</u>	Max pressure during treatment (psi): <u>5695</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>0</u>	Number of staged intervals: <u>14</u>
Recycled water used in treatment (bbl): <u>0</u>	Flowback volume recovered (bbl): <u>2635</u>
Fresh water used in treatment (bbl): <u>7691</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>300000</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>12/13/2010</u>	Hours: <u>48</u>	Bbl oil: <u>181</u>	Mcf Gas: <u>1061</u>	Bbl H2O: <u>24154</u>
Calculated 24 hour rate:	Bbl oil: <u>91</u>	Mcf Gas: <u>530</u>	Bbl H2O: <u>2629</u>	GOR: <u>5865</u>
Test Method: <u>Flowback</u>	Casing PSI: <u>280</u>	Tubing PSI: _____	Choke Size: <u>18/64</u>	
Gas Disposition: _____	Gas Type: _____	Btu Gas: <u>1291</u>	API Gravity Oil: <u>59</u>	
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7481</u>	Tbg setting date: <u>10/26/2011</u>	Packer Depth: <u>7700</u>	

Reason for Non-Production:

Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input 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: 12/11/2010 End Date: 12/11/2010 Date of First Production this formation: 12/15/2011

Perforations Top: 7364 Bottom: 7390 No. Holes: 104 Hole size: 38/100

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

Fraced the Niobrara C down 4 1/2" with 15,000 gal of FR water, 12,000 gal for FR with .25 ppg of 40/70, 40,200 gal of FR water with .5 ppg 40/70, 40,200 gal of FR water with .5 ppg 40/70, 8,000 gal FR water sweep, 10,000 gal DynaFlow-2WR sweep, and 63,000 gal of DynaFlow-2WR at 1.-4 ppg totaling with 172,000# of 20/40 sand, and 6,000# of Super LC 20/40 sand.

Fraced the Niobrara B down 4 1/2"

Niobrara and Codell frac'd on same date. Flow back reported for both.

Tubing installed after test

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

Total fluid used in treatment (bbl): 7057 Max pressure during treatment (psi): 5921

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.31

Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): 0.85

Total acid used in treatment (bbl): \_\_\_\_\_ Number of staged intervals: 16

Recycled water used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): 2635

Fresh water used in treatment (bbl): 6414 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 178000 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: 12/13/2010 Hours: 48 Bbl oil: 181 Mcf Gas: 1061 Bbl H2O: 24154

Calculated 24 hour rate: Bbl oil: 91 Mcf Gas: 530 Bbl H2O: 2629 GOR: 5865

Test Method: Flowback Casing PSI: 280 Tubing PSI: \_\_\_\_\_ Choke Size: 18/64

Gas Disposition: VENTED Gas Type: WET Btu Gas: 1291 API Gravity Oil: 59

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7481 Tbg setting date: 10/26/2011 Packer Depth: 7700

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: Paul Herring

Title: Landman Date: \_\_\_\_\_ Email: paul.herring@topoperating.com

### Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

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

Total: 0 comment(s)