

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



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Document Number:

400398657

Date Received:

04/03/2013

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: (720) 663-1698

3. Address: 10881 ASBURY AVE STE 230

Fax: (303) 727-9925

City: LAKEWOOD State: CO Zip: 80227

5. API Number 05-123-36940-00

6. County: WELD

7. Well Name: Haley

Well Number: 3

8. Location: QtrQtr: NWSW Section: 20 Township: 3N Range: 68W Meridian: 6

Footage at surface: Distance: 1957 feet Direction: FSL Distance: 703 feet Direction: FWL

As Drilled Latitude: 40.209330 As Drilled Longitude: -105.034010

GPS Data:

Data of Measurement: 08/04/2013 PDOP Reading: 2.6 GPS Instrument Operator's Name: Brian Rottinghaus

** If directional footage at Top of Prod. Zone Dist.: 1326 feet. Direction: FSL Dist.: 1291 feet. Direction: FWL

Sec: 20 Twp: 3N Rng: 68W

** If directional footage at Bottom Hole Dist.: 1326 feet. Direction: FSL Dist.: 1291 feet. Direction: FWL

Sec: 20 Twp: 3N Rng: 68W

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) 03/06/2013 13. Date TD: 03/08/2013 14. Date Casing Set or D&A: 03/09/2013

15. Well Classification:

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

16. Total Depth MD 7827 TVD** 7737 17 Plug Back Total Depth MD 7821 TVD** 7731

18. Elevations GR 5078 KB 5091

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, CBL

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	24#	0	449	320	0	449	CALC
1ST	7+7/8	4+1/2	11.6#	0	7,821	200	6,405	7,821	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 03/09/2013					
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
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	
CODELL		7,125	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS		7,105	<input type="checkbox"/>	<input type="checkbox"/>	
J SAND		7,696	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA		6,850	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON		4,400	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

No core analysis 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: 4/3/2013 Email: paul.herring@topoperating.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400399225	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400399181	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"/>
<u>Other Attachments</u>					
400398657	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400398836	LAS-COMBINATION OPEN HOLE	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400399151	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400399183	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Requested form 5A.	5/14/2013 3:31:57 PM

Total: 1 comment(s)