

FORM  
5A

Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

2511996

**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: 96340 4. Contact Name: JACK M FINCHAM  
2. Name of Operator: WIEPKING-FULLERTON ENERGY LLC Phone: (303) 906-3335  
3. Address: 4600 S DOWNING ST Fax: (303) 761-9067  
City: ENGLEWOOD State: CO Zip: 80113

5. API Number 05-073-06390-00 6. County: LINCOLN  
7. Well Name: ALOHA MULA Well Number: #9  
8. Location: QtrQtr: NESE Section: 19 Township: 10S Range: 55W Meridian: 6  
9. Field Name: GREAT PLAINS Field Code: 32756

Completed Interval

FORMATION: <u>CHEROKEE</u>	Status: <u>ABANDONED COMPLETION</u>
Treatment Date: <u>07/06/2010</u>	Date of First Production this formation: _____
Perforations Top: <u>7120</u> Bottom: <u>7126</u>	No. Holes: <u>24</u> Hole size: <u>1/4</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>CHEROKEE B - ACID JOB 600 GAL 15% MCA 41 BBLS 2% KCL. THROUGH TUBING.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>07/07/2010</u> Hours: <u>24</u>	Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: <u>0</u> GOR: <u>0</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>0</u> Tubing PSI: <u>0</u> Choke Size: _____
Gas Disposition: _____	Gas Type: <u>DRY</u> BTU Gas: _____ API Gravity Oil: _____
Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>7200</u>	Tbg setting date: <u>07/07/2010</u> Packer Depth: <u>7075</u>
Reason for Non-Production:	
<u>NONE COMMERCIAL</u>	
Date formation Abandoned: <u>07/08/2010</u>	Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, number of sacks cmt _____
Bridge Plug Depth: <u>7115</u>	Sacks cement on top: <u>2</u>

FORMATION: MORROW Status: SHUT IN

Treatment Date: 07/01/2010 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 7720 Bottom: 7726 No. Holes: 32 Hole size: 1/4

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

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

**Test Information:**

Date: 07/02/2010 Hours: 6 Bbls oil: 0 Mcf Gas: 2500 Bbls H2O: 23

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 10000 Bbls H2O: 92 GOR: 0

Test Method: FLOWING Casing PSI: 2200 Tubing PSI: \_\_\_\_\_ Choke Size: 1 + 1/2

Gas Disposition: \_\_\_\_\_ Gas Type: DRY BTU Gas: 450 API Gravity Oil: \_\_\_\_\_

Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ Packer Depth: \_\_\_\_\_

Reason for Non-Production: \_\_\_\_\_

LACK OF GAS MARKET

Date formation Abandoned: \_\_\_\_\_ Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: 7670 Sacks cement on top: 2

FORMATION: MARMATON Status: PRODUCING

Treatment Date: 07/08/2010 Date of First Production this formation: 07/13/2010

Perforations Top: 7014 Bottom: 7022 No. Holes: 32 Hole size: 1/4

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

ACID JOB 800 GAL, 15% MCA 42 BBLS 2% KCL. THROUGH TUBING.

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

**Test Information:**

Date: 07/08/2010 Hours: 24 Bbls oil: 60 Mcf Gas: 0 Bbls H2O: 140

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 60 Mcf Gas: 0 Bbls H2O: 140 GOR: \_\_\_\_\_

Test Method: PUMPING Casing PSI: 230 Tubing PSI: 200 Choke Size: \_\_\_\_\_

Gas Disposition: VENTED Gas Type: DRY BTU Gas: \_\_\_\_\_ API Gravity Oil: 36

Tubing Size: 2 + 7/8 Tubing Setting Depth: 7037 Tbg setting date: 06/28/2010 Packer Depth: 6948

Reason for Non-Production: \_\_\_\_\_

\_\_\_\_\_

Date formation Abandoned: \_\_\_\_\_ Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: \_\_\_\_\_ Sacks cement on top: \_\_\_\_\_

Comment:

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

Signed: \_\_\_\_\_ Print Name: JACK M. FINCHAM

Title: AGENT Date: 8/16/2010 Email JWIEPKING@MSN.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: David S. Neslin Director of COGCC Date: 12/10/2010

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

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

Total: 0 comment(s)