

**FORM
5A**Rev
02/08State of Colorado
Oil and Gas Conservation Commission

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



DE ET OE ES

Document Number:

400129676

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 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 05-073-06424-00 6. County: LINCOLN
7. Well Name: KERRY Well Number: 1
8. Location: QtrQtr: NWSW Section: 20 Township: 10S Range: 55W Meridian: 6
9. Field Name: GREAT PLAINS Field Code: 32756

Completed Interval

FORMATION: <u>CHEROKEE</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>12/23/2010</u>		Date of First Production this formation: <u>01/02/2011</u>	
Perforations	Top: <u>7056</u>	Bottom: <u>7066</u>	No. Holes: <u>40</u> Hole size: <u>1/4</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>Acid Job 1000 gal 15% MCA 42 bbls 2% KCL Through Tubing</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>12/23/2010</u>	Hours: <u>8</u>	Bbls oil: <u>30</u>	Mcf Gas: <u>0</u> Bbls H2O: <u>38</u>
Calculated 24 hour rate:		Bbls oil: <u>90</u>	Mcf Gas: <u>0</u> Bbls H2O: <u>114</u> GOR: <u> </u>
Test Method: <u>SWAB</u>	Casing PSI: <u>0</u>	Tubing PSI: <u>0</u>	Choke Size: <u> </u>
Gas Disposition: <u> </u>	Gas Type: <u>DRY</u>	BTU Gas: <u> </u>	API Gravity Oil: <u> </u>
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>6975</u>	Tbg setting date: <u>12/23/2010</u>	Packer Depth: <u>6975</u>
Reason for Non-Production: <u> </u>			
Date formation Abandoned: <u> </u>		Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, number of sacks cmt <u> </u>
Bridge Plug Depth: <u>7690</u>	Sacks cement on top: <u>2</u>		

FORMATION: <u>KEYES</u>		Status: <u>DRY AND ABANDONED</u>	
Treatment Date: <u>12/21/2010</u>		Date of First Production this formation: _____	
Perforations	Top: <u>7770</u> Bottom: <u>7780</u>	No. Holes: <u>40</u>	Hole size: <u>1/4</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
Acid Job 1000 gal 12 1/2% MCA 45 bbls 3% KCL Through Tubing			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>12/21/2010</u>	Hours: <u>8</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>0</u> Bbls H2O: <u>48</u>
Calculated 24 hour rate:	Bbls oil: <u>0</u>	Mcf Gas: <u>0</u>	Bbls H2O: <u>144</u> GOR: _____
Test Method: <u>SWAB</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>7724</u>	Tbg setting date: <u>12/21/2010</u>	Packer Depth: <u>7724</u>
Reason for Non-Production:			
Non Commercial			
Date formation Abandoned: <u>12/21/2010</u>	Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, number of sacks cmt _____	
Bridge Plug Depth: <u>7785</u>	Sacks cement on top: <u>2</u>		

FORMATION: <u>MORROW</u>		Status: <u>DRY AND ABANDONED</u>	
Treatment Date: <u>12/22/2010</u>		Date of First Production this formation: _____	
Perforations	Top: <u>7720</u> Bottom: <u>7730</u>	No. Holes: <u>40</u>	Hole size: <u>1/4</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
Acid Job 1000 gal 12.5% MCA 46 bbls 4% KCL Through Tubing			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>12/22/2010</u>	Hours: <u>8</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>0</u> Bbls H2O: <u>42</u>
Calculated 24 hour rate:	Bbls oil: <u>0</u>	Mcf Gas: <u>0</u>	Bbls H2O: <u>336</u> GOR: _____
Test Method: <u>SWAB</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>7650</u>	Tbg setting date: <u>12/22/2010</u>	Packer Depth: <u>7650</u>
Reason for Non-Production:			
None Commercial			
Date formation Abandoned: <u>12/22/2010</u>	Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, number of sacks cmt _____	
Bridge Plug Depth: <u>7760</u>	Sacks cement on top: <u>2</u>		

FORMATION: ST LOUIS Status: DRY AND ABANDONED

Treatment Date: 12/16/2010 Date of First Production this formation: _____

Perforations Top: 7790 Bottom: 7808 No. Holes: 72 Hole size: 1/4

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

Acid Job 1800 gal 15% MCA 45 bbls 2% KCL
Through Tubing

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

Test Information:

Date: 12/16/2010 Hours: 8 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 56

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 168 GOR: _____

Test Method: SWAB Casing PSI: 0 Tubing PSI: 0 Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: 2 + 7/8 Tubing Setting Depth: 7740 Tbg setting date: 12/16/2010 Packer Depth: 7740

Reason for Non-Production:

Non Commercial

Date formation Abandoned: 12/16/2010 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:

Requesting information and Logs be confidential

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

Signed: _____ Print Name: Jack Fincham

Title: Agent Date: _____ Email fincham4@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: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400130874	WELLBORE DIAGRAM
400130875	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)