

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



DE ET OE ES

Document Number:
400141950

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

5. API Number 05-073-06422-00
6. County: LINCOLN
7. Well Name: BUBBA-STATE
Well Number: 2
8. Location: QtrQtr: SWNW Section: 20 Township: 10S Range: 55W Meridian: 6
9. Field Name: GREAT PLAINS Field Code: 32756

Completed Interval

FORMATION: CHEROKEE Status: PLUGGED AND ABANDONED

Treatment Date: 02/10/2011 Date of First Production this formation: _____
Perforations Top: 7152 Bottom: 7160 No. Holes: 32 Hole size: 1/4

Provide a brief summary of the formation treatment: _____ Open Hole:
800 Gal 15% MCA 44 bbls 2% KCL
Not open hole through casing

This formation is commingled with another formation: Yes No

Test Information:

Date: 02/10/2011 Hours: 3 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0 GOR: _____
Test Method: SWAB Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: DRY BTU Gas: 0 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 7100 Tbg setting date: 02/10/2011 Packer Depth: 7100

Reason for Non-Production:
None Commercial

Date formation Abandoned: 02/10/2011 Squeeze: Yes No If yes, number of sacks cmt _____
Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: MARMATON Status: PRODUCING

Treatment Date: 02/10/2011 Date of First Production this formation: 02/15/2011
Perforations Top: 6928 Bottom: 6942 No. Holes: 56 Hole size: 1/4

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

1000 gal 15% HCL 43 bbls 2% KCL
Not Open Hole through casing

This formation is commingled with another formation: Yes No

Test Information:

Date: 02/11/2011 Hours: 8 Bbls oil: 54 Mcf Gas: 27 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 162 Mcf Gas: 81 Bbls H2O: 0 GOR: _____

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

Gas Disposition: VENTED Gas Type: DRY BTU Gas: 450 API Gravity Oil: 37

Tubing Size: 2 + 7/8 Tubing Setting Depth: 6900 Tbg setting date: 02/10/2011 Packer Depth: 6900

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 7140 Sacks cement on top: 2

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

Attachment Check List

Att Doc Num	Name
400141974	WELLBORE DIAGRAM
400141975	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)