

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:  
400176147

### 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: <u>96340</u>	4. Contact Name: <u>Jack Fincham</u>
2. Name of Operator: <u>WIEPKING-FULLERTON ENERGY LLC</u>	Phone: <u>(303) 906-3335</u>
3. Address: <u>4600 S DOWNING ST</u>	Fax: <u>(303) 761-9067</u>
City: <u>ENGLEWOOD</u> State: <u>CO</u> Zip: <u>80113</u>	

5. API Number <u>05-073-06438-00</u>	6. County: <u>LINCOLN</u>
7. Well Name: <u>Mahalo</u>	Well Number: <u># 1</u>
8. Location: QtrQtr: <u>NWNW</u> Section: <u>29</u> Township: <u>10S</u> Range: <u>55W</u> Meridian: <u>6</u>	
9. Field Name: <u>GREAT PLAINS</u> Field Code: <u>32756</u>	

### Completed Interval

FORMATION: ATOKA Status: DRY AND ABANDONED

Treatment Date: 05/06/2011 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 7412 Bottom: 7430 No. Holes: 72 Hole size: 1/4

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

Acid Job 1800 gal 15% MCA 44 bbl 2% KCL

This formation is commingled with another formation:  Yes  No

#### Test Information:

Date: 05/06/2011 Hours: 8 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 50

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 150 GOR: \_\_\_\_\_

Test Method: SWAB Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_

Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ BTU Gas: 0 API Gravity Oil: 0

Tubing Size: 2 + 7/8 Tubing Setting Depth: 7356 Tbg setting date: 05/06/2011 Packer Depth: 7356

Reason for Non-Production:

None Commercial

Date formation Abandoned: 05/06/2011 Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_

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

FORMATION: LANSING Status: PRODUCING

Treatment Date: 05/09/2011 Date of First Production this formation: 06/10/2011

Perforations Top: 6936 Bottom: 6954 No. Holes: 72 Hole size: 1/4

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

Acid Job 1800 15% MCA 40 bbl 2% KCL

This formation is commingled with another formation:  Yes  No

#### Test Information:

Date: 05/09/2011 Hours: 8 Bbls oil: 20 Mcf Gas: 0 Bbls H2O: 30

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 60 Mcf Gas: 0 Bbls H2O: 90 GOR: \_\_\_\_\_

Test Method: SWAB Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_

Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ BTU Gas: 0 API Gravity Oil: 35

Tubing Size: 2 + 7/8 Tubing Setting Depth: 6913 Tbg setting date: 05/09/2011 Packer Depth: 6913

Reason for Non-Production:

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

Bridge Plug Depth: 7090 Sacks cement on top: 2

Comment:

request information 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

Title: Fincham 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
400176181	WELLBORE DIAGRAM
400176182	WIRELINE JOB SUMMARY
400176184	CEMENT JOB SUMMARY

Total Attach: 3 Files

**General Comments**

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

Total: 0 comment(s)