

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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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.

Document Number:

400176147

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

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

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

Total: 0 comment(s)