


<b>FORM 5A</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number:  <div style="border: 1px solid black; padding: 5px; text-align: center;">400129676</div>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>							
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>05-073-06424-00</u>		6. County: <u>LINCOLN</u>					
7. Well Name: <u>KERRY</u>		Well Number: <u>1</u>					
8. Location: QtrQtr: <u>NWSW</u>	Section: <u>20</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>					
<u>Completed Interval</u>							
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"/>					
Acid Job 1000 gal 15% MCA 42 bbls 2% KCL Through Tubing							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>Test Information:</b>							
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>0</u>	API Gravity Oil: <u>35</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:							
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	
<b>Test Information:</b>			
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: <u>0</u>	API Gravity Oil: <u>0</u>
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	
<b>Test Information:</b>			
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: <u>0</u>	API Gravity Oil: <u>0</u>
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>	

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: <u>ST LOUIS</u>		Status: <u>DRY AND ABANDONED</u>	
Treatment Date: <u>12/16/2010</u>		Date of First Production this formation: _____	
Perforations	Top: <u>7790</u>	Bottom: <u>7808</u>	No. Holes: <u>72</u> Hole size: <u>1/4</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
Acid Job 1800 gal 15% MCA 45 bbls 2% KCL Through Tubing			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Test Information:</b>			
Date: <u>12/16/2010</u>	Hours: <u>8</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>0</u> Bbls H2O: <u>56</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>0</u> Bbls H2O: <u>168</u> GOR: _____
Test Method: <u>SWAB</u>	Casing PSI: <u>0</u>	Tubing PSI: <u>0</u>	Choke Size: _____
Gas Disposition: _____	Gas Type: _____	BTU Gas: <u>0</u>	API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>7740</u>	Tbg setting date: <u>12/16/2010</u>	Packer Depth: <u>7740</u>
Reason for Non-Production:			
Non Commercial			
Date formation Abandoned: <u>12/16/2010</u>		Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <u>Jack Fincham</u>	
Title: <u>Agent</u>	Date: <u>2/5/2011</u>	Email <u>fincham4@msn.com</u>	

### Attachment Check List

Att Doc Num	Name
400129676	FORM 5A SUBMITTED
400130874	WELLBORE DIAGRAM
400130875	WIRELINE JOB SUMMARY

Total Attach: 3 Files

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)