

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:  
400149354

### 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 05-073-06419-00  
6. County: LINCOLN  
7. Well Name: ALOHA MULA  
Well Number: 11  
8. Location: QtrQtr: NENE Section: 19 Township: 10S Range: 55W Meridian: 6  
9. Field Name: GREAT PLAINS Field Code: 32756

### Completed Interval

FORMATION: MARMATON Status: PRODUCING  
Treatment Date: 02/17/2011 Date of First Production this formation: 03/01/2011  
Perforations Top: 6946 Bottom: 6956 No. Holes: 40 Hole size: 1/4  
Provide a brief summary of the formation treatment: 1000 gal acid 15% HCL 42bbl 2% KCL Open Hole:

This formation is commingled with another formation:  Yes  No

#### Test Information:

Date: 02/17/2011 Hours: 8 Bbls oil: 10 Mcf Gas: 6 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 30 Mcf Gas: 18 Bbls H2O: 0 GOR: \_\_\_\_\_  
Test Method: SWAB Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_  
Gas Disposition: VENTED Gas Type: DRY BTU Gas: 1200 API Gravity Oil: 37  
Tubing Size: 2 + 7/8 Tubing Setting Depth: 7035 Tbg setting date: 02/17/2011 Packer Depth: 6905  
Reason for Non-Production: \_\_\_\_\_

Date formation Abandoned: \_\_\_\_\_ Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_  
Bridge Plug Depth: \_\_\_\_\_ Sacks cement on top: \_\_\_\_\_

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 Fincham  
Title: Agent Date: 4/6/2011 Email: fincham4@msn.com

### Attachment Check List

Att Doc Num	Name
400149354	FORM 5A SUBMITTED
400149889	WIRELINE JOB SUMMARY
400150659	WELLBORE DIAGRAM

Total Attach: 3 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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Total: 1 comment(s)