


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		<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; margin-top: 10px;">400156754</div>	DE	ET	OE	ES
DE	ET	OE	ES				
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>05-073-06434-00</u>		6. County: <u>LINCOLN</u>					
7. Well Name: <u>Kerry</u>		Well Number: <u># 2</u>					
8. Location: QtrQtr: <u>SWSW</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>DRY AND ABANDONED</u>					
Treatment Date: <u>03/01/2011</u>		Date of First Production this formation: _____					
Perforations Top: <u>7174</u>	Bottom: <u>7188</u>	No. Holes: <u>52</u>	Hole size: <u>1/4</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
1400 gal HCL 43 bbls 2% KCL							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: <u>03/01/2011</u>	Hours: <u>8</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>0</u>				
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>0</u>				
Test Method: <u>SWAB</u>	Casing PSI: _____	Tubing PSI: _____	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>7151</u>	Tbg setting date: <u>03/01/2011</u>	Packer Depth: <u>7151</u>				
Reason for Non-Production:							
Non Commercial							
Date formation Abandoned: <u>03/01/2011</u>		Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
		If yes, number of sacks cmt _____					
Bridge Plug Depth: _____		Sacks cement on top: _____					

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: <u>MARMATON</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>03/02/2011</u>		Date of First Production this formation: <u>03/05/2011</u>		
Perforations	Top: <u>6968</u>	Bottom: <u>6982</u>	No. Holes: <u>52</u>	Hole size: <u>1/4</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 5px;">1000 gal HCL 42 bbls 2% KCL Set CIBP at 7140' failed Set CIBP at 7100' tested ok</div>				
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Test Information:				
Date: <u>03/02/2011</u>	Hours: <u>8</u>	Bbls oil: <u>137</u>	Mcf Gas: <u>0</u>	Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>411</u>	Mcf Gas: <u>0</u>	Bbls H2O: <u>0</u> GOR: <u> </u>
Test Method: <u>SWAB</u>	Casing PSI: <u> </u>	Tubing PSI: <u> </u>	Choke Size: <u> </u>	
Gas Disposition: <u> </u>	Gas Type: <u> </u>	BTU Gas: <u>0</u>	API Gravity Oil: <u>35</u>	
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>7035</u>	Tbg setting date: <u>03/02/2011</u>	Packer Depth: <u>6956</u>	
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
Date formation Abandoned: <u> </u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u> </u>	
Bridge Plug Depth: <u>7100</u>		Sacks cement on top: <u>2</u>		

Comment:	
<div style="border: 1px solid black; padding: 5px;">Request information be confidential</div>	
I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.	
Signed: <u> </u>	Print Name: <u>Jack</u>
Title: <u>Fincham</u>	Date: <u>4/22/2011</u> Email <u>fincham4@msn.com</u>

Attachment Check List

Att Doc Num	Name
400156754	FORM 5A SUBMITTED
400156817	WELLBORE DIAGRAM
400156818	WIRELINE JOB SUMMARY

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)