

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:

400202450

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 05-073-06437-00
6. County: LINCOLN
7. Well Name: Napali
Well Number: # 2
8. Location: QtrQtr: SESW Section: 17 Township: 10S Range: 55W Meridian: 6
9. Field Name: GREAT PLAINS Field Code: 32756

Completed Interval

FORMATION: CHEROKEE Status: PRODUCING
Treatment Date: 06/30/2011 Date of First Production this formation: 07/15/2011
Perforations Top: 7081 Bottom: 7090 No. Holes: 37 Hole size: 1/4
Provide a brief summary of the formation treatment: Open Hole: ☐
Acid Job 1500 gal 15% HCL, 86 bbl 2% KCL
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 07/01/2011 Hours: 8 Bbls oil: 10 Mcf Gas: 0 Bbls H2O: 20
Calculated 24 hour rate: Bbls oil: 30 Mcf Gas: 0 Bbls H2O: 60 GOR:
Test Method: SWAB Casing PSI: Tubing PSI: 20 Choke Size:
Gas Disposition: Gas Type: BTU Gas: 0 API Gravity Oil: 35
Tubing Size: 2 + 7/8 Tubing Setting Depth: 7163 Tbg setting date: 07/01/2011 Packer Depth: 7034
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

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
400204785	WELLBORE DIAGRAM
400204786	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)