

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:

400231174

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 05-073-06439-00
6. County: LINCOLN
7. Well Name: Mahalo Well Number: # 2
8. Location: QtrQtr: NENW Section: 29 Township: 10S Range: 55W Meridian: 6
9. Field Name: HIGH PLAINS Field Code: 35360

Completed Interval

FORMATION: MORROW Status: PRODUCING
Treatment Date: 07/26/2011 Date of First Production this formation: 08/01/2011
Perforations Top: 7776 Bottom: 7790 No. Holes: 61 Hole size: 1/4
Provide a brief summary of the formation treatment: Acid Job 1400 gal 12% HCL acid 44 bbls 4% KCL Open Hole:
This formation is commingled with another formation: Yes No
Test Information:
Date: 07/26/2011 Hours: 8 Bbls oil: 12 Mcf Gas: 0 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 36 Mcf Gas: 0 Bbls H2O: 0 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: 7754 Tbg setting date: 07/26/2011 Packer Depth: 7754
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
400231235	WELLBORE DIAGRAM
400231236	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)