

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:	Open Hole: <input type="checkbox"/>
Acid Job 1400 gal 12% HCL acid 44 bbls 4% KCL	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
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: <input type="checkbox"/> Yes <input type="checkbox"/> 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**

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

Total: 0 comment(s)