

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 4. Contact Name: Jack Fincham
2. Name of Operator: WIEPKING-FULLERTON ENERGY LLC Phone: (303) 906-3335
3. Address: 4600 S DOWNING ST Fax: (303) 761-9067
City: ENGLEWOOD State: CO Zip: 80113

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: GREAT PLAINS Field Code: 32756

Completed Interval

FORMATION: <u>MORROW</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>07/26/2011</u>		Date of First Production this formation: <u>08/01/2011</u>	
Perforations	Top: <u>7776</u> Bottom: <u>7790</u>	No. Holes: <u>61</u>	Hole size: <u>1/4</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>Acid Job 1400 gal 12% HCL acid 44 bbls 4% KCL</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>07/26/2011</u>	Hours: <u>8</u>	Bbls oil: <u>12</u>	Mcf Gas: <u>0</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>36</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>7754</u>	Tbg setting date: <u>07/26/2011</u>	Packer Depth: <u>7754</u>
Reason for Non-Production: <u> </u>			
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> </u>		Sacks cement on top: <u> </u>	

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: 12/12/2011 Email: fincham4@msn.com

Attachment Check List

Att Doc Num	Name
400231174	FORM 5A SUBMITTED
400231235	WELLBORE DIAGRAM
400231236	WIRELINE JOB SUMMARY

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)