

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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COMPLETED INTERVAL REPORT

Document Number:

400239697

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>05-073-06334-00</u>	6. County: <u>LINCOLN</u>
7. Well Name: <u>Kauai</u>	Well Number: <u># 2</u>
8. Location: QtrQtr: <u>SWNE</u> Section: <u>6</u> Township: <u>10S</u> Range: <u>55W</u> Meridian: <u>6</u>	
9. Field Name: <u>RIVERBEND</u> Field Code: <u>73795</u>	

Completed Interval

FORMATION: ATOKA Status: DRY AND ABANDONED

Treatment Date: 10/24/2011 Date of First Production this formation: _____
Perforations Top: 7568 Bottom: 7586 No. Holes: 68 Hole size: 1/4

Provide a brief summary of the formation treatment: _____ Open Hole:

Acid Job 1800 gal 15% HCL 45 bbls 2% KCL

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/24/2011 Hours: 8 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 40
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 120 GOR: _____
Test Method: SWAB Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: _____ BTU Gas: 0 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 7500 Tbg setting date: 10/24/2011 Packer Depth: 7500

Reason for Non-Production:

None Commercial

Date formation Abandoned: 10/28/2011 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 7538 Sacks cement on top: 2

FORMATION: CHEROKEE Status: PRODUCING

Treatment Date: 10/28/2011 Date of First Production this formation: 11/15/2011
Perforations Top: 7223 Bottom: 7235 No. Holes: 48 Hole size: 1/4

Provide a brief summary of the formation treatment: _____ Open Hole:

1200 gal 15% HCL 43 bbls 2% KCL

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/28/2011 Hours: 8 Bbls oil: 10 Mcf Gas: 0 Bbls H2O: 10
Calculated 24 hour rate: Bbls oil: 30 Mcf Gas: 0 Bbls H2O: 30 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: 7170 Tbg setting date: 10/28/2011 Packer Depth: 7170

Reason for Non-Production:

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Jack Fincham

Title: Agent 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
400240210	WELLBORE DIAGRAM
400240213	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)