

FORM
5A

Rev
06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400322692

Date Received:

09/05/2012

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 05-073-06473-00
6. County: LINCOLN
7. Well Name: Napali
Well Number: # 9
8. Location: QtrQtr: SWNE Section: 17 Township: 10S Range: 55W Meridian: 6
9. Field Name: GREAT PLAINS Field Code: 32756

Completed Interval

FORMATION: J SAND Status: DRY AND ABANDONED Treatment Type: ACID JOB

Treatment Date: 06/14/2012 End Date: 06/21/2012 Date of First Production this formation:

Perforations Top: 4093 Bottom: 4101 No. Holes: 32 Hole size: 1/4

Provide a brief summary of the formation treatment:

Open Hole: ☐

Acid Job 19 bbl 12.5% HCL, 23.5 bbl 2.5% HCL

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 42

Max pressure during treatment (psi):

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment:

Max frac gradient (psi/ft):

Total acid used in treatment (bbl): 19

Number of staged intervals:

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl): 42

Fresh water used in treatment (bbl): 23

Disposition method for flowback: DISPOSAL

Total proppant used (lbs):

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: PIPELINE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: 8 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 0 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: 4043 Tbg setting date: 06/14/2012 Packer Depth: 4043

Reason for Non-Production: None Commercial

Date formation Abandoned: 06/21/2012 Squeeze: ☒ Yes ☐ No If yes, number of sacks cmt 100

** Bridge Plug Depth: 4040 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: MORROW		Status: DRY AND ABANDONED		Treatment Type: ACID JOB	
Treatment Date: 06/12/2012		End Date: 06/14/2012		Date of First Production this formation:	
Perforations	Top: 7708	Bottom: 7712	No. Holes: 16	Hole size: 1/4	

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

Acid Job 9.5 bbl 12.5% HCL. 45.5 bbl 4% KCL

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 55	Max pressure during treatment (psi): _____
Total gas used in treatment (mcf): _____	Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: _____	Max frac gradient (psi/ft): _____
Total acid used in treatment (bbl): 9	Number of staged intervals: _____
Recycled water used in treatment (bbl): _____	Flowback volume recovered (bbl): 54
Fresh water used in treatment (bbl): 45	Disposition method for flowback: DISPOSAL
Total proppant used (lbs): _____	Rule 805 green completion techniques were utilized: <input type="checkbox"/>

Reason why green completion not utilized: PIPELINE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/12/2012	Hours: 8	Bbl oil: 0	Mcf Gas: 0	Bbl H2O: 0
Calculated 24 hour rate:	Bbl oil: 0	Mcf Gas: 0	Bbl H2O: 0	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: 7686	Tbg setting date: 06/12/2012	Packer Depth: 7686	

Reason for Non-Production: Non Commercial

Date formation Abandoned: 06/14/2012 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

** Bridge Plug Depth: 7660 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: TEMPORARILY ABANDONED Treatment Type: ACID JOB
Treatment Date: 06/21/2012 End Date: 06/27/2012 Date of First Production this formation:
Perforations Top: 3070 Bottom: 3104 No. Holes: 128 Hole size: 1/4
Provide a brief summary of the formation treatment: Open Hole: ☐

PERF 3070-3104 Acid Job 28 bbl 15% HCL, 17 bbl 2% KCL. PERF 3120-3142 Acid Job 22 bbl 15% HCL, 19 bbl 2% KCL; Squeezed perfs 3120-3142 100 sacks.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 86 Max pressure during treatment (psi):
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):
Type of gas used in treatment: Max frac gradient (psi/ft):
Total acid used in treatment (bbl): 50 Number of staged intervals:
Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 86
Fresh water used in treatment (bbl): 36 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): Rule 805 green completion techniques were utilized: ☐
Reason why green completion not utilized: PIPELINE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: 8 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 0 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: 3037 Tbg setting date: 06/27/2012 Packer Depth: -3037

Reason for Non-Production: None Commercial

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

** Bridge Plug Depth: 3115 ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

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: 9/5/2012 Email: fincham4@msn.com

Attachment Check List

Att Doc Num	Name
400322692	COMPLETED INTERVAL REPORT
400323719	WIRELINE JOB SUMMARY
400323727	CEMENT JOB SUMMARY
400323737	WELLBORE DIAGRAM
400324822	FORM 5A SUBMITTED

Total Attach: 5 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)