

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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Date Received:

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 05-073-06464-00
6. County: LINCOLN
7. Well Name: Mahalo Well Number: # 7
8. Location: QtrQtr: SENW Section: 29 Township: 10S Range: 55W Meridian: 6
9. Field Name: GREAT PLAINS Field Code: 32756

Completed Interval

FORMATION: CHEROKEE Status: PRODUCING Treatment Type: ACID JOB

Treatment Date: 07/16/2012 End Date: 07/18/2012 Date of First Production this formation: 08/01/2012

Perforations Top: 7094 Bottom: 7104 No. Holes: 40 Hole size: 1/4

Provide a brief summary of the formation treatment: Open Hole: [ ]

Acid Job 24 bbl 15% HCL, 41 bbl 2% HCL

This formation is commingled with another formation: [ ] Yes [X] No

Total fluid used in treatment (bbl): 65 Max pressure during treatment (psi): 1500
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): 24 Number of staged intervals:
Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 54
Fresh water used in treatment (bbl): 41 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: 14 Mcf Gas: 0 Bbl H2O: 4
Calculated 24 hour rate: Bbl oil: 42 Mcf Gas: 0 Bbl H2O: 12 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: 7073 Tbg setting date: 07/16/2012 Packer Depth: 7073

Reason for Non-Production:

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

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

FORMATION: MORROW V-11 Status: DRY AND ABANDONED Treatment Type: ACID JOB

Treatment Date: 07/10/2012 End Date: 07/11/2012 Date of First Production this formation:

Perforations Top: 7784 Bottom: 7796 No. Holes: 48 Hole size: 1/4

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

Acid Job 30 bbl 12.5% HCL, 44 bbl 4% HCL

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 74 Max pressure during treatment (psi): 2900

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): 30 Number of staged intervals:

Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 70

Fresh water used in treatment (bbl): 44 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: 7556 Tbg setting date: 07/10/2012 Packer Depth: 7556

Reason for Non-Production: None Commercial

Date formation Abandoned: 07/11/2012 Squeeze:  Yes  No If yes, number of sacks cmt

\*\* Bridge Plug Depth: 7734 \*\* Sacks cement on top: 2 \*\* Wireline and Cement Job Summary must be attached.

FORMATION: NOT COMPLETED Status: DRY AND ABANDONED Treatment Type: ACID JOB  
 Treatment Date: 07/11/2012 End Date: 07/16/2012 Date of First Production this formation: \_\_\_\_\_  
 Perforations Top: 7132 Bottom: 7138 No. Holes: 24 Hole size: 1/4  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Acid Job 15 bbl 15% HCL, 42 bbl 2% KCL

This formation is commingled with another formation:  Yes  No  
 Total fluid used in treatment (bbl): 57 Max pressure during treatment (psi): 750  
 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): 15 Number of staged intervals: \_\_\_\_\_  
 Recycled water used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): 55  
 Fresh water used in treatment (bbl): 42 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: 07/16/2012 Hours: 8 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 74  
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 222 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: 7016 Tbg setting date: 07/11/2012 Packer Depth: 7016  
 Reason for Non-Production: None Commercial  
 Date formation Abandoned: 07/16/2012 Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_  
 \*\* Bridge Plug Depth: 7126 \*\* Sacks cement on top: 2 \*\* 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: \_\_\_\_\_ Email: fincham4@msn.com

**Attachment Check List**

Att Doc Num	Name
400325410	WIRELINE JOB SUMMARY
400325413	WELLBORE DIAGRAM

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)