

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



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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 05-073-06449-00 6. County: LINCOLN  
 7. Well Name: Kerry Well Number: # 5  
 8. Location: QtrQtr: NWNE Section: 20 Township: 10S Range: 55W Meridian: 6  
 9. Field Name: GREAT PLAINS Field Code: 32756

Completed Interval

FORMATION: KEYES Status: DRY AND ABANDONED Treatment Type: ACID JOB

Treatment Date: 08/15/2012 End Date: 08/16/2012 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 7804 Bottom: 7820 No. Holes: 64 Hole size: 1/4

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

Acid Job 38 bbl 15% HCL, 46 bbl 2% KCL

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 84 Max pressure during treatment (psi): 1040

Total gas used in treatment (mcf): \_\_\_\_\_ Fluid density at initial fracture (lbs/gal): \_\_\_\_\_

Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): \_\_\_\_\_

Total acid used in treatment (bbl): 38 Number of staged intervals: \_\_\_\_\_

Recycled water used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): 94

Fresh water used in treatment (bbl): 46 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: 08/15/2012 Hours: 8 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 94

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 282 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: 7772 Tbg setting date: 08/15/2012 Packer Depth: 7772

Reason for Non-Production: None Commercial

Date formation Abandoned: 08/16/2012 Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_

\*\* Bridge Plug Depth: 7794 \*\* Sacks cement on top: 2 \*\* Wireline and Cement Job Summary must be attached.

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

Treatment Date: 08/16/2012 End Date: 09/17/2012 Date of First Production this formation:

Perforations Top: 7712 Bottom: 7729 No. Holes: 68 Hole size: 1/4

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

Acid Job 9 bbl 12.50% HCL, 45 bbl 4% KCL

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 54 Max pressure during treatment (psi): 1400

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Min 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): 84

Fresh water used in treatment (bbl): 45 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: 08/17/2012 Hours: 8 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 84

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 252 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: 7675 Tbg setting date: 08/17/2012 Packer Depth: 7675

Reason for Non-Production: None Commercial

Date formation Abandoned: 08/22/2012 Squeeze:  Yes  No If yes, number of sacks cmt

\*\* Bridge Plug Depth: 7010 \*\* Sacks cement on top: 2 \*\* Wireline and Cement Job Summary must be attached.

FORMATION: PAWNEE B Status: PRODUCING Treatment Type: ACID JOB  
 Treatment Date: 08/22/2012 End Date: 08/23/2012 Date of First Production this formation: 09/01/2012  
 Perforations Top: 6964 Bottom: 6972 No. Holes: 32 Hole size: 1/4  
 Provide a brief summary of the formation treatment: Open Hole:

Acid Job 19 bbl 12.5% HCL, 42 bbl 2.5% KCL

This formation is commingled with another formation:  Yes  No  
 Total fluid used in treatment (bbl): 61 Max pressure during treatment (psi): 1200  
 Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):  
 Type of gas used in treatment: Min 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): 102  
 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: 08/22/2012 Hours: 8 Bbl oil: 8 Mcf Gas: 0 Bbl H2O: 26  
 Calculated 24 hour rate: Bbl oil: 24 Mcf Gas: 0 Bbl H2O: 78 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: 6903 Tbg setting date: 08/22/2012 Packer Depth: 6903

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.

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
400328970	WELLBORE DIAGRAM
400330247	WIRELINE JOB SUMMARY

Total Attach: 2 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)