

FORM 5A

Rev 06/12

State of Colorado

Oil and Gas Conservation Commission

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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 05-073-06524-00 6. County: LINCOLN
 7. Well Name: Pocket Money Well Number: # 1
 8. Location: QtrQtr: SWNE Section: 36 Township: 10S Range: 56W Meridian: 6
 9. Field Name: GREAT PLAINS Field Code: 32756

Completed Interval

FORMATION: CHEROKEE Status: PRODUCING Treatment Type: ACID JOB

Treatment Date: 05/30/2013 End Date: 05/31/2013 Date of First Production this formation: 06/15/2013

Perforations Top: 7384 Bottom: 7392 No. Holes: 32 Hole size: 1/4

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

Acid Job: 15% HCL (19 bbl), 2% KCL (46 bbl)

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 65 Max pressure during treatment (psi): 830

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): _____

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: 05/31/2013 Hours: 8 Bbl oil: 16 Mcf Gas: 0 Bbl H2O: 23

Calculated 24 hour rate: Bbl oil: 48 Mcf Gas: 0 Bbl H2O: 69 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: 7441 Tbg setting date: 05/31/2013 Packer Depth: 7441

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

Treatment Date: 05/24/2013 End Date: 05/28/2013 Date of First Production this formation: _____

Perforations Top: 8174 Bottom: 8190 No. Holes: 64 Hole size: 1/4

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

Acid Job: 12.5% HCL 38 bbl, 4% KCL 49 bbls

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 87 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: _____ 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): _____

Fresh water used in treatment (bbl): 49 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: 05/24/2013 Hours: 8 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 26

Calculated 24 hour rate: Bbl oil: 0 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: 0

Tubing Size: 2 + 7/8 Tubing Setting Depth: 8132 Tbg setting date: 05/24/2013 Packer Depth: 8132

Reason for Non-Production: None commercial

Date formation Abandoned: 05/28/2013 Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: 8164 ** 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: 05/28/2013 End Date: 05/30/2013 Date of First Production this formation:
 Perforations Top: 8108 Bottom: 8119 No. Holes: 45 Hole size: 1/4
 Provide a brief summary of the formation treatment: Open Hole:

Acid Job: 12.5% HCL (26 bbl), 4% KCL (48 bbl)

This formation is commingled with another formation: Yes No
 Total fluid used in treatment (bbl): 74 Max pressure during treatment (psi): 2600
 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): 26 Number of staged intervals:
 Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
 Fresh water used in treatment (bbl): 48 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: 05/29/2013 Hours: 8 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 26
 Calculated 24 hour rate: Bbl oil: 0 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: 0
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 8064 Tbg setting date: 05/29/2013 Packer Depth: 8064
 Reason for Non-Production: None commercial
 Date formation Abandoned: 05/30/2013 Squeeze: Yes No If yes, number of sacks cmt
 ** Bridge Plug Depth: 8060 ** 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: 8/13/2013 Email: fincham4@msn.com

Attachment Check List

Att Doc Num	Name
400465186	FORM 5A SUBMITTED
400465705	WELLBORE DIAGRAM
400466940	WIRELINE JOB SUMMARY

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)