

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400495964

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 05-073-06547-00
6. County: LINCOLN
7. Well Name: Ma-State
Well Number: # 3
8. Location: QtrQtr: NWSW Section: 24 Township: 10S Range: 56W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: CHEROKEE Status: PRODUCING Treatment Type: ACID JOB

Treatment Date: 09/09/2013 End Date: 09/10/2013 Date of First Production this formation: 09/27/2013

Perforations Top: 7188 Bottom: 7197 No. Holes: 37 Hole size: 1/4

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

Acid Job: 21.5 bbl 15% HCL, 42.5 bbl 2% KCL

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

Total fluid used in treatment (bbl): 63 Max pressure during treatment (psi): 700

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): 21 Number of staged intervals:

Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 81

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: 09/09/2013 Hours: 8 Bbl oil: 27 Mcf Gas: 43 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 81 Mcf Gas: 129 Bbl H2O: 0 GOR:

Test Method: SWAB Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 115 API Gravity Oil: 38

Tubing Size: 2 + 7/8 Tubing Setting Depth: 7318 Tbg setting date: 09/09/2013 Packer Depth: 7318

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:

Ma State # 3 is a producing oil well from the Cherokee A formation. Requesting all information shown on Form 5A be confidential

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

<u>Att Doc Num</u>	<u>Name</u>
400495989	WIRELINE JOB SUMMARY
400495990	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)