

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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Document Number:

400643358

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
Email: fincham4@msn.com

5. API Number 05-073-06591-00
6. County: LINCOLN
7. Well Name: Ma-State
Well Number: # 8
8. Location: QtrQtr: SWNE 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: 06/06/2014 End Date: 06/09/2014 Date of First Production this formation: 06/13/2014
Perforations Top: 7150 Bottom: 7158 No. Holes: 32 Hole size: 1/4

Provide a brief summary of the formation treatment:

Open Hole: ☐

Acid Job 19 bbls 15% HCL, 41 bbls 2% KCL

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

Total fluid used in treatment (bbl): 60

Max pressure during treatment (psi): 1300

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): 69

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: 06/09/2014 Hours: 8 Bbl oil: 62 Mcf Gas: 24 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 186 Mcf Gas: 72 Bbl H2O: 0 GOR:
Test Method: SWAB Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1400 API Gravity Oil: 38
Tubing Size: 2 + 7/8 Tubing Setting Depth: 7108 Tbg setting date: 06/06/2014 Packer Depth: 7108

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 # 8 well, producing oil well from Cherokee A formation.

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 _____

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Attachment Check List

Att Doc Num

Name

400643388	WELLBORE DIAGRAM
400643398	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)