

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:

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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: <u>96340</u>	4. Contact Name: <u>Linda Boone</u>
2. Name of Operator: <u>WIEPKING-FULLERTON ENERGY LLC</u>	Phone: <u>(720) 941-0791</u>
3. Address: <u>96 GLENMOOR LN</u>	Fax: _____
City: <u>ENGLEWOOD</u> State: <u>CO</u> Zip: <u>80113</u>	Email: <u>ldboonepar@aol.com</u>

5. API Number <u>05-073-06588-00</u>	6. County: <u>LINCOLN</u>
7. Well Name: <u>Ma-State</u>	Well Number: <u>13</u>
8. Location: QtrQtr: <u>SESE</u> Section: <u>24</u> Township: <u>10S</u> Range: <u>56W</u> Meridian: <u>6</u>	
9. Field Name: <u>GREAT PLAINS</u> Field Code: <u>32756</u>	

Completed Interval

FORMATION: OSAGE Status: PRODUCING Treatment Type: _____
Treatment Date: _____ End Date: _____ Date of First Production this formation: 06/27/2018
Perforations Top: 7884 Bottom: 7904 No. Holes: 80 Hole size: 1/4

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

No treatment
6/12/2018 Perforate 7884-7904', TIH with packer, set @7840, flowed 74 bbls with 29% oil, SDON
6/13/2018 Flowing 120 bbls with 45% oil, Rig Down
6/19/2018 Run Tubing
6/20/2018 Run rods and pump
Shut in pending pipeline construction.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 0 _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): 0 _____ Fluid density at initial fracture (lbs/gal): _____

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

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

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

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

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

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

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: Linda Boone

Title: Agent Date: _____ Email: ldboonepar@aol.com

Attachment Check List

Att Doc Num	Name
401703337	WIRELINE JOB SUMMARY
401703633	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

Stamp Upon
Approval

Total: 0 comment(s)