

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:

401687373

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: 96 GLENMOOR LN

City: ENGLEWOOD State: CO Zip: 80113

4. Contact Name: Linda Boone

Phone: (720) 941-0791

Fax:

Email: ldboonepar@aol.com

5. API Number 05-073-06588-00

7. Well Name: Ma-State

6. County: LINCOLN

Well Number: 13

8. Location: QtrQtr: SESE Section: 24 Township: 10S Range: 56W Meridian: 6

9. Field Name: GREAT PLAINS Field Code: 32756

## 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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)