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Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax:(303)894-2109

COMPLETED INTERVAL REPORT

RECEIVED JUN 20 2008 COGCC

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.

Complete the Attachment Checklist

1. OGCC Operator Number: 96340 4. Contact Name Jeff Wiepking
 2. Name of Operator: Wiepking-Fullerton Energy, LLC
 3. Address: 4600 S. Downing St Phone: (303) 789-1798
 City: Englewood State: CO Zip: 80113 Fax: (303) 761-9067
073-06152
 5. API Number 05- 017-06249-00 6. County: Lincoln
 7. Well Name: Sellon Well Number: #28-8
 8. Location (QtrQtr, Sec, Twp, Rng, Meridian): SENE Sec. 29, T11S-R55W

OP OGCC

wellbore diagram	X	

FORMATION: Cherokee Status Producing
 Treatment Date: 04/01/08 Date of First Production this formation: Waiting on Pumping Unit
 Perforations Top: 7048' Bottom: 7054' No. Holes 24 Hole size: 1/4"
 Provide a brief summary of the formation treatment: Open Hole
Acidized with 600 gal. 15% MCA
 This formation is commingled with another formation
 Test Information:
 Date: 03/26/08 Hours: 24 Bbls oil: 35 Mcf Gas: 0 Bbls H₂O: 70
 Calculated 24 hour rate: Bbls oil: 35 Mcf Gas: 0 Bbls H₂O: 70 GOR: 0
 Test Method: Pumping Casing PSI: _____ Tubing PSI: _____ Choke size: none
 Gas Disposition: Sold Gas Type: _____ BTU Gas: _____ API Gravity Oil: 37
 Tubing Size: 2 7/8" Tubing Setting Depth: 7120' Tbg setting date: 04/03/08 Packer Depth: none
 Reason for Non-Production: _____
 Date formation Abandoned: _____ Squeezed Yes No If yes number of sacks cmt _____
 Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: _____ Status _____
 Treatment Date: _____ Date of First Production this formation: _____
 Perforations Top: _____ Bottom: _____ No. Holes _____ Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole
 This formation is commingled with another formation
 Test Information:
 Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H₂O: _____
 Calculated 24 hour rate: Bbls oil: _____ Mcf Gas: _____ Bbls 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: _____ Squeezed Yes No If yes number of sacks cmt _____
 Bridge Plug Depth: _____ Sacks cement on top: _____

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
 Print Name: Jeff Wiepking Email: jwiepking@msn.com
 Signature: [Signature] Title: Manager Date: 06/01/08