



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

COMPLETED INTERVAL REPORT

RECEIVED JUL 15 2009 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
2. Name of Operator: Wiepking-Fullerton Energy, LLC
3. Address: 4600 S. Downing St
City: Englewood State: CO Zip: 80113
4. Contact Name: Jeff Wiepking
Phone: (303) 789-1798
Fax: (303) 761-9067
5. API Number 05- 073-06152
6. County: Lincoln
7. Well Name: Sellon Well Number: #29-8
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): SENE Sec. 29, T11S-R55W, 6th PM

Table with columns OP, OGCC and rows wellbore diagram, etc.

FORMATION: Marmaton Status: Abandoned
Treatment Date: 06/08/09 Date of First Production this formation: 6/24/2008
Perforations Top: 6972' Bottom: 6990' No. Holes: 70 Hole size: 1/4"
Provide a brief summary of the formation treatment: Open Hole
Acid Job 700 gal 15% mca
This well was producing from the Cherokee, but became uneconomical, set C.I.B.P. at 6930' with 2 sx cement then perforated Marmaton, acidized and plugged well
This formation is commingled with another formation
Test Information: Date: 07/02/09 Hours: 3 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 75
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: Packer Depth:
Reason for Non-Production: Recovered all water when swabbing Marmaton
Date formation Abandoned: 07/02/09 Squeezed Yes No (X) If yes number of sacks cmt
Bridge Plug Depth: 6930' Sacks cement on top: 2 sx

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: [Handwritten Signature] Title: Manager Date: 07/14/09

EXISTING WELL BORE SCHEMATIC

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COGCC

Wiepking-Fullerton Energy, L.L.C.
Sellon #29-8
T11S-R55W
Sec. 29: SENE
Lincoln County, Colorado

New Production Casing 5 1/2" -surface to 7254'

