

FORM  
5A

Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

2071470

**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 4. Contact Name: JACK M. FINCHAM  
2. Name of Operator: WIEPKING-FULLERTON ENERGY LLC Phone: (303) 906-3335  
3. Address: 4600 S DOWNING ST Fax: (303) 761-9067  
City: ENGLEWOOD State: CO Zip: 80113

5. API Number 05-017-07697-00 6. County: CHEYENNE  
7. Well Name: PILGER BERGE Well Number: 12-7 #2  
8. Location: QtrQtr: Lot 2 Section: 7 Township: 13S Range: 50W Meridian: 6  
9. Field Name: GOPHER Field Code: 30790

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>09/03/2010</u>	Date of First Production this formation: <u>09/03/2010</u>
Perforations Top: <u>1938</u> Bottom: <u>1943</u>	No. Holes: <u>21</u> Hole size: <u>1/4</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>ACID JOB 300 GAL 15% MCA 8.5 BBLS 2% KCL.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>09/03/2010</u> Hours: <u>4</u> Bbls oil: <u>0</u> Mcf Gas: <u>25</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>150</u> Bbls H2O: <u>0</u> GOR: <u>0</u>	
Test Method: <u>FLOWING</u> Casing PSI: <u>200</u> Tubing PSI: <u></u> Choke Size: <u></u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>900</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u></u> Tubing Setting Depth: <u></u> Tbg setting date: <u></u> Packer Depth: <u></u>	
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed:  Print Name: JACK M. FINCHAM  
Title: AGENT Date: 9/28/2010 Email FINCHAM4@MSN.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: David G. Neslin Director of COGCC Date: 2/17/2011

**Attachment Check List**

Att Doc Num	Name
2071470	FORM 5A SUBMITTED
2071471	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)