

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:

2591056

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 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 05-073-06423-00 6. County: LINCOLN
7. Well Name: ALOHA MULA Well Number: 12
8. Location: QtrQtr: SESE Section: 19 Township: 10S Range: 55W Meridian: 6
9. Field Name: GREAT PLAINS Field Code: 32756

Completed Interval

FORMATION: <u>CHEROKEE</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>10/07/2010</u>	Date of First Production this formation: <u>10/08/2010</u>
Perforations Top: <u>7088</u> Bottom: <u>7100</u>	No. Holes: <u>48</u> Hole size: <u>1/4</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>ACID JOB 1200 GAL 15% MCA 41 BBLS 2% KCL THROUGH TUBING</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: <u>10/07/2010</u> Hours: <u>4</u> Bbls oil: <u>50</u> Mcf Gas: <u>0</u> Bbls H2O: <u>15</u>	
Calculated 24 hour rate: Bbls oil: <u>200</u> Mcf Gas: <u>0</u> Bbls H2O: <u>60</u> GOR: <u>0</u>	
Test Method: <u>SWAB</u> Casing PSI: <u>0</u> Tubing PSI: <u>0</u> Choke Size: <u></u>	
Gas Disposition: <u></u> Gas Type: <u>DRY</u> BTU Gas: <u>0</u> API Gravity Oil: <u>40</u>	
Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>7110</u> Tbg setting date: <u>10/06/2010</u> Packer Depth: <u>7028</u>	
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u>7690</u> Sacks cement on top: <u>2</u>	

FORMATION: KEYES Status: ABANDONED COMPLETION

Treatment Date: 09/29/2010 Date of First Production this formation: _____

Perforations Top: 7790 Bottom: 7794 No. Holes: 16 Hole size: 1/4

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

ACID JOB 400 GAL 15% MCA 41 BBLS 2% KCL
THROUGH TUBING

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 09/29/2010 Hours: 4 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0 GOR: 0

Test Method: SWAB Casing PSI: 0 Tubing PSI: 0 Choke Size: _____

Gas Disposition: _____ Gas Type: DRY BTU Gas: 0 API Gravity Oil: 0

Tubing Size: 2 + 7/8 Tubing Setting Depth: 7800 Tbg setting date: 09/29/2010 Packer Depth: 7750

Reason for Non-Production: _____

NONE COMMERCIAL

Date formation Abandoned: 09/29/2010 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: MORROW Status: SHUT IN

Treatment Date: 10/04/2010 Date of First Production this formation: _____

Perforations Top: 7722 Bottom: 7727 No. Holes: 21 Hole size: 1/4

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

ACID JOB 50 GALS 12 1/2 MCA 46 BBLS 2% KCL
THOURGH TUBING

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 10/04/2010 Hours: 4 Bbls oil: 0 Mcf Gas: 3750 Bbls H2O: 30

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 15000 Bbls H2O: 120 GOR: 0

Test Method: FLOWING Casing PSI: 1200 Tubing PSI: 750 Choke Size: 1 + 1/2

Gas Disposition: VENTED Gas Type: DRY BTU Gas: 450 API Gravity Oil: 0

Tubing Size: 2 + 7/8 Tubing Setting Depth: 7740 Tbg setting date: 10/01/2010 Packer Depth: 7681

Reason for Non-Production: _____

LACK OF MARKET

Date formation Abandoned: _____ Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

Bridge Plug Depth: 7765 Sacks cement on top: 2

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 FICHAM

Title: AGENT

Date: 11/9/2010

Email JWIEPKING@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 S. Neslin

Director of COGCC

Date: 2/18/2011

Attachment Check List

Att Doc Num	Name
2591056	FORM 5A SUBMITTED
2591057	WELLBORE DIAGRAM
2591058	WIRELINE JOB SUMMARY

Total Attach: 3 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)