

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400149354

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 05-073-06419-00 6. County: LINCOLN
 7. Well Name: ALOHA MULA Well Number: 11
 8. Location: QtrQtr: NENE Section: 19 Township: 10S Range: 55W Meridian: 6
 9. Field Name: GREAT PLAINS Field Code: 32756

Completed Interval

FORMATION: MARMATON Status: PRODUCING
 Treatment Date: 02/17/2011 Date of First Production this formation: 03/01/2011
 Perforations Top: 6946 Bottom: 6956 No. Holes: 40 Hole size: 1/4
 Provide a brief summary of the formation treatment: Open Hole:
1000 gal acid 15% HCL 42bbl 2% KCL
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 02/17/2011 Hours: 8 Bbls oil: 10 Mcf Gas: 6 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: 30 Mcf Gas: 18 Bbls H2O: 0 GOR: _____
 Test Method: SWAB Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
 Gas Disposition: VENTED Gas Type: DRY BTU Gas: 1200 API Gravity Oil: 37
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 7035 Tbg setting date: 02/17/2011 Packer Depth: 6905
 Reason for Non-Production:

 Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____
 Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:
Request information be confidential

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
 Signed: _____ Print Name: Jack Fincham
 Title: Agent Date: _____ 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: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400149889	WIRELINE JOB SUMMARY
400150659	

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)