

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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COMPLETED INTERVAL REPORT

Document Number:

400156754

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 05-073-06434-00 6. County: LINCOLN
 7. Well Name: Kerry Well Number: # 2
 8. Location: QtrQtr: SWSW Section: 20 Township: 10S Range: 55W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: CHEROKEE Status: DRY AND ABANDONED
 Treatment Date: 03/01/2011 Date of First Production this formation: _____
 Perforations Top: 7174 Bottom: 7188 No. Holes: 52 Hole size: 1/4
 Provide a brief summary of the formation treatment: _____ Open Hole:
1400 gal HCL 43 bbls 2% KCL
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 03/01/2011 Hours: 8 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 30
 Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 90 GOR: _____
 Test Method: SWAB Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
 Gas Disposition: _____ Gas Type: _____ BTU Gas: 0 API Gravity Oil: 0
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 7151 Tbg setting date: 03/01/2011 Packer Depth: 7151
 Reason for Non-Production: _____
Non Commercial
 Date formation Abandoned: 03/01/2011 Squeeze: Yes No If yes, number of sacks cmt _____
 Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: MARMATON Status: PRODUCING

Treatment Date: 03/02/2011 Date of First Production this formation: 03/05/2011

Perforations Top: 6968 Bottom: 6982 No. Holes: 52 Hole size: 1/4

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

1000 gal HCL 42 bbls 2% KCL
Set CIBP at 7140' failed
Set CIBP at 7100' tested ok

This formation is commingled with another formation: Yes No

Test Information:

Date: 03/02/2011 Hours: 8 Bbls oil: 137 Mcf Gas: 0 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 411 Mcf Gas: 0 Bbls H2O: 0 GOR: _____

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

Gas Disposition: _____ Gas Type: _____ BTU Gas: 0 API Gravity Oil: 35

Tubing Size: 2 + 7/8 Tubing Setting Depth: 7035 Tbg setting date: 03/02/2011 Packer Depth: 6956

Reason for Non-Production:

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

Bridge Plug Depth: 7100 Sacks cement on top: 2

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

Title: Fincham 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
400156817	WELLBORE DIAGRAM
400156818	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)