

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:

400156754

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 05-073-06434-00 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: <u>CHEROKEE</u>	Status: <u>DRY AND ABANDONED</u>
Treatment Date: <u>03/01/2011</u>	Date of First Production this formation: _____
Perforations Top: <u>7174</u> Bottom: <u>7188</u>	No. Holes: <u>52</u> Hole size: <u>1/4</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>1400 gal HCL 43 bbls 2% KCL</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>03/01/2011</u> Hours: <u>8</u> Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: <u>30</u>	
Calculated 24 hour rate: _____ Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: <u>90</u> GOR: _____	
Test Method: <u>SWAB</u> Casing PSI: _____ Tubing PSI: _____ Choke Size: _____	
Gas Disposition: _____ Gas Type: _____ BTU Gas: <u>0</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>7151</u> Tbg setting date: <u>03/01/2011</u> Packer Depth: <u>7151</u>	
Reason for Non-Production: _____	
<u>Non Commercial</u>	
Date formation Abandoned: <u>03/01/2011</u> Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

User Group **Comment** **Comment Date**

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Total: 0 comment(s)