

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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: 2584656				
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: <u>96340</u>	4. Contact Name: <u>JACK M FINCHAM</u>
2. Name of Operator: <u>WIEPKING-FULLERTON ENERGY LLC</u>	Phone: <u>(303) 906-3335</u>
3. Address: <u>4600 S DOWNING ST</u>	Fax: <u>(303) 761-9067</u>
City: <u>ENGLEWOOD</u> State: <u>CO</u> Zip: <u>80113</u>	

5. API Number <u>05-073-06420-00</u>	6. County: <u>LINCOLN</u>
7. Well Name: <u>ALOHA MULA</u>	Well Number: <u>10</u>
8. Location: QtrQtr: <u>SENE</u> Section: <u>19</u> Township: <u>10S</u> Range: <u>55W</u> Meridian: <u>6</u>	
9. Field Name: <u>GREAT PLAINS</u> Field Code: <u>32756</u>	

Completed Interval

FORMATION: <u>KEYES</u>	Status: <u>ABANDONED COMPLETION</u>
Treatment Date: <u>09/09/2010</u>	Date of First Production this formation: _____
Perforations Top: <u>7775</u> Bottom: <u>7780</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"/>
<div style="border: 1px solid black; padding: 2px;"> <u>ACID JOB 600 GAL 15% MCA 41 BBLS 2% KCL THROUGH TUBING</u> </div>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>09/09/2010</u> Hours: <u>4</u>	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: <u>0</u>
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: <u>0</u> GOR: <u>0</u>
Test Method: <u>SWAB</u>	Casing PSI: <u>0</u> Tubing PSI: <u>0</u> Choke Size: _____
Gas Disposition: _____	Gas Type: <u>DRY</u> BTU Gas: _____ API Gravity Oil: _____
Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>7790</u>	Tbg setting date: <u>09/09/2010</u> Packer Depth: <u>7718</u>
Reason for Non-Production:	
<div style="border: 1px solid black; padding: 2px;"> <u>NONE COMMERCIAL</u> </div>	
Date formation Abandoned: <u>09/09/2010</u> Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: <u>7770</u> Sacks cement on top: <u>2</u>	

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: MORROW Status: PRODUCING

Treatment Date: 09/10/2010 Date of First Production this formation: 09/13/2010

Perforations Top: 7744 Bottom: 7750 No. Holes: 24 Hole size: 1/4

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

NO TREATMENT THROUGH TUBING

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/10/2010 Hours: 4 Bbls oil: 25 Mcf Gas: 0 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 150 Mcf Gas: 0 Bbls H2O: 0 GOR: 0

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

Gas Disposition: VENTED Gas Type: DRY BTU Gas: 0 API Gravity Oil: 40

Tubing Size: 2 + 7/8 Tubing Setting Depth: 7760 Tbg setting date: 09/10/2010 Packer Depth: 7686

Reason for Non-Production: _____

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

Bridge Plug Depth: _____ Sacks cement on top: _____

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: 10/13/2010 Email JWIEPKING@MAN.COM

Attachment Check List

Att Doc Num	Name
2584656	FORM 5A SUBMITTED
2584657	WELLBORE DIAGRAM
2584659	OPERATIONS SUMMARY

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)