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| 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> Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">2584656</div> | DE | ET | OE | ES |
| DE | ET | OE | ES | | | | |
| COMPLETED INTERVAL REPORT | | | | | | | |
| <p>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.</p> | | | | | | | |
| 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> | | | | | |
| <u>Completed Interval</u> | | | | | | | |
| 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"/> | | | | | |
| ACID JOB 600 GAL 15% MCA 41 BBLS 2% KCL THROUGH TUBING | | | | | | | |
| 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: _____ | | | | |
| Calculated 24 hour rate: | | Bbls oil: <u>0</u> | Mcf Gas: <u>0</u> | | | | |
| Test Method: <u>SWAB</u> | | Casing PSI: <u>0</u> | Tubing PSI: <u>0</u> | | | | |
| Gas Disposition: _____ | | Gas Type: <u>DRY</u> | BTU Gas: _____ | | | | |
| Tubing Size: <u>2 + 7/8</u> | | Tubing Setting Depth: <u>7790</u> | Tbg setting date: <u>09/09/2010</u> | | | | |
| Reason for Non-Production: | | Packer Depth: <u>7718</u> | | | | | |
| NONE COMMERCIAL | | | | | | | |
| 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.

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|---|-----------------------------------|--|----------------------------|----------------------------------|
| FORMATION: <u>MORROW</u> | | Status: <u>PRODUCING</u> | | |
| Treatment Date: <u>09/10/2010</u> | | Date of First Production this formation: <u>09/13/2010</u> | | |
| Perforations | Top: <u>7744</u> | Bottom: <u>7750</u> | No. Holes: <u>24</u> | Hole size: <u>1/4</u> |
| Provide a brief summary of the formation treatment: | | Open Hole: <input type="checkbox"/> | | |
| <div>NO TREATMENT THROUGH TUBING</div> | | | | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Test Information: | | | | |
| Date: <u>09/10/2010</u> | Hours: <u>4</u> | Bbls oil: <u>25</u> | Mcf Gas: <u>0</u> | Bbls H2O: <u>0</u> |
| Calculated 24 hour rate: | | Bbls oil: <u>150</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: <u></u> | |
| Gas Disposition: <u>VENTED</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>7760</u> | Tbg setting date: <u>09/10/2010</u> | Packer Depth: <u>7686</u> | |
| Reason for Non-Production: <div></div> | | | | |
| Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u> | | | | |
| Bridge Plug Depth: <u></u> Sacks cement on top: <u></u> | | | | |

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|-------------------------|
| Comment: <div></div> |
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| I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete. | |
| Signed: <u></u> | Print Name: <u>JACK M FINCHAM</u> |
| Title: <u>AGENT</u> | Date: <u>10/13/2010</u> Email <u>JWIEPKING@MAN.COM</u> |

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)