

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:

400183139

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  
2. Name of Operator: WIEPKING-FULLERTON ENERGY LLC  
3. Address: 4600 S DOWNING ST  
City: ENGLEWOOD State: CO Zip: 80113  
4. Contact Name: Jack Fincham  
Phone: (303) 906-3335  
Fax: (303) 761-9067

5. API Number 05-073-06421-00  
6. County: LINCOLN  
7. Well Name: BUBBA-STATE  
Well Number: 1  
8. Location: QtrQtr: NWNW Section: 20 Township: 10S Range: 55W Meridian: 6  
9. Field Name: GREAT PLAINS Field Code: 32756

Completed Interval

FORMATION: CHEROKEE	Status: PRODUCING
Treatment Date: 06/13/2011	Date of First Production this formation: 06/15/2011
Perforations Top: 7064 Bottom: 7080	No. Holes: 60 Hole size: 1/4
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
Acid job 1600 gal 15% MCA 43 bbls 2% KCL	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: 06/13/2011 Hours: 8	Bbls oil: 30 Mcf Gas: 30 Bbls H2O: 2
Calculated 24 hour rate:	Bbls oil: 90 Mcf Gas: 90 Bbls H2O: 6 GOR:
Test Method: SWAB	Casing PSI: Tubing PSI: Choke Size:
Gas Disposition:	Gas Type: DRY BTU Gas: 1100 API Gravity Oil: 38
Tubing Size: 2 + 7/8	Tubing Setting Depth: 6895 Tbg setting date: 06/13/2011 Packer Depth: 6985
Reason for Non-Production:	
Date formation Abandoned: Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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
400183164	WELLBORE DIAGRAM
400186583	WIRELINE JOB SUMMARY

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)