

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 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 05-073-06421-00 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:
Acid job 1600 gal 15% MCA 43 bbls 2% KCL
 This formation is commingled with another formation: Yes No
Test Information:
 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: Yes 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)