

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:

400201317

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 05-017-07648-00 6. County: CHEYENNE
7. Well Name: SARAH Well Number: 5
8. Location: QtrQtr: NWNE Section: 36 Township: 14S Range: 46W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: MORROW Status: DRY AND ABANDONED

Treatment Date: 04/11/2011 Date of First Production this formation: _____
Perforations Top: 5380 Bottom: 5388 No. Holes: 32 Hole size: 1/4

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

Frac Job - Stimflo 6 gal, Bachside 6 gal, KCL 21 gal, Clay stay 6 gal, Frac Gel 750 pounds, Breaker ammquium persulfate 45 pound, #40 X linked Frac Gel 17,010 gal, Breaker 100 gal, Buffer Cl 10 gal, 30/50 white sand 26,990 pounds

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 04/12/2011 Hours: 12 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 80
Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 160 GOR: _____
Test Method: Flow Back Casing PSI: _____ Tubing PSI: 40 Choke Size: _____
Gas Disposition: _____ Gas Type: _____ BTU Gas: 0 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 5289 Tbg setting date: 04/10/2011 Packer Depth: 5289

Reason for Non-Production:

None Commerical all water

Date formation Abandoned: 07/05/2011 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

Bridge Plug Depth: 5320 Sacks cement on top: 10

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

Title: Fincham Date: 8/31/2011 Email fincham4@msn.com

Attachment Check List

| Att Doc Num | Name |
|-------------|----------------------|
| 400201317 | FORM 5A SUBMITTED |
| 400201685 | WELLBORE DIAGRAM |
| 400201686 | WIRELINE JOB SUMMARY |
| 400201695 | CEMENT JOB SUMMARY |
| 400201709 | WIRELINE JOB SUMMARY |

Total Attach: 5 Files

General Comments

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

Total: 0 comment(s)