

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:

400219166

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 05-073-06432-00 6. County: LINCOLN
7. Well Name: Bubba-State Well Number: # 3
8. Location: QtrQtr: SENW Section: 20 Township: 10S Range: 55W Meridian: 6
9. Field Name: GREAT PLAINS Field Code: 32756

Completed Interval

FORMATION: <u>CHEROKEE</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>09/16/2011</u>		Date of First Production this formation: <u>10/04/2011</u>	
Perforations	Top: <u>7072</u> Bottom: <u>7081</u>	No. Holes: <u>42</u>	Hole size: <u>1/4</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>Acid Job 900 gal 2% HCL 43 bbl 4% KCL</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>09/19/2011</u>	Hours: <u>8</u>	Bbls oil: <u>20</u>	Mcf Gas: <u>30</u> Bbls H2O: <u>40</u>
Calculated 24 hour rate:		Bbls oil: <u>60</u>	Mcf Gas: <u>90</u> Bbls H2O: <u>80</u> GOR: <u> </u>
Test Method: <u>SWAB</u>	Casing PSI: <u> </u>	Tubing PSI: <u> </u>	Choke Size: <u> </u>
Gas Disposition: <u>VENTED</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1050</u>	API Gravity Oil: <u>35</u>
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>7015</u>	Tbg setting date: <u>09/19/2011</u>	Packer Depth: <u>7015</u>
Reason for Non-Production: <u> </u>			
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>7300</u> Sacks cement on top: <u>2</u>			

FORMATION: KEYES Status: PLUGGED AND ABANDONED

Treatment Date: 09/05/2011 Date of First Production this formation: _____

Perforations Top: 7792 Bottom: 7802 No. Holes: 40 Hole size: 1/4

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

SWAB all water

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

Test Information:

Date: 09/05/2011 Hours: 8 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 25

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 75 GOR: _____

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

Gas Disposition: _____ Gas Type: _____ BTU Gas: 0 API Gravity Oil: 0

Tubing Size: 2 + 7/8 Tubing Setting Depth: 7632 Tbg setting date: 09/05/2011 Packer Depth: 7632

Reason for Non-Production: _____

None Commercial

Date formation Abandoned: 10/09/2011 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: MORROW Status: PLUGGED AND ABANDONED

Treatment Date: 09/13/2011 Date of First Production this formation: _____

Perforations Top: 7728 Bottom: 7746 No. Holes: 72 Hole size: 1/4

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

Acid Job 1800 gal 12.5% acid 46 bbl 4% KCL

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

Test Information:

Date: 09/13/2011 Hours: 8 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0

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

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

Gas Disposition: _____ Gas Type: _____ BTU Gas: 0 API Gravity Oil: 0

Tubing Size: 2 + 7/8 Tubing Setting Depth: 7658 Tbg setting date: 09/13/2011 Packer Depth: 7658

Reason for Non-Production: _____

None Commercial

Date formation Abandoned: 09/13/2011 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

Bridge Plug Depth: 7770 Sacks cement on top: 2

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: _____ 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
400220617	WIRELINE JOB SUMMARY
400220640	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)