

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Table with columns DE, ET, OE, ES

Document Number: 400315298

Date Received:

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 05-073-06465-00 6. County: LINCOLN 7. Well Name: Napali Well Number: # 8 8. Location: QtrQtr: SENW Section: 17 Township: 10S Range: 55W Meridian: 6 9. Field Name: GREAT PLAINS Field Code: 32756

Completed Interval

FORMATION: CHEROKEE Status: DRY AND ABANDONED Treatment Type: ACID JOB

Treatment Date: 05/31/2012 End Date: 05/31/2012 Date of First Production this formation:

Perforations Top: 7151 Bottom: 7158 No. Holes: 29 Hole size: 1/4

Provide a brief summary of the formation treatment: Open Hole: []

Acid Job 16.5 bbl 15% HCL 42 bbl 2.5% KCL

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 58 Max pressure during treatment (psi): 1500

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Max frac gradient (psi/ft):

Total acid used in treatment (bbl): 16 Number of staged intervals:

Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 42

Fresh water used in treatment (bbl): 42 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized: PIPELINE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/31/2012 Hours: 8 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 42

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 126 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: 7110 Tbg setting date: 05/31/2012 Packer Depth: 7110

Reason for Non-Production: None Commercial

Date formation Abandoned: 06/01/2012 Squeeze: [] Yes [X] No If yes, number of sacks cmt

** Bridge Plug Depth: 7100 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: LANSING Status: PRODUCING Treatment Type: ACID JOB

Treatment Date: 06/01/2012 End Date: 06/04/2012 Date of First Production this formation: 06/15/2012

Perforations Top: 6925 Bottom: 6932 No. Holes: 28 Hole size: 1/4

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

Acid Job 16.5 bbl 15% HCL 41 bbl 2.5% KCL

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 58 Max pressure during treatment (psi): 1250

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Max frac gradient (psi/ft): _____

Total acid used in treatment (bbl): 16 Number of staged intervals: _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 42

Fresh water used in treatment (bbl): 41 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: PIPELINE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 06/04/2012 Hours: 8 Bbl oil: 4 Mcf Gas: 0 Bbl H2O: 35

Calculated 24 hour rate: Bbl oil: 12 Mcf Gas: 0 Bbl H2O: 105 GOR: _____

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

Gas Disposition: _____ Gas Type: _____ Btu Gas: 0 API Gravity Oil: 35

Tubing Size: 2 + 7/8 Tubing Setting Depth: 6878 Tbg setting date: 08/01/2012 Packer Depth: 6881

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: MORROW V-11 Status: DRY AND ABANDONED Treatment Type: ACID JOB

Treatment Date: 05/25/2012 End Date: 05/30/2012 Date of First Production this formation:

Perforations Top: 7714 Bottom: 7722 No. Holes: 32 Hole size: 1/4

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

Acid Job 19bbl 12.5% HCl, 45 bbl 4% KCL

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 64 Max pressure during treatment (psi): 1600

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Max frac gradient (psi/ft):

Total acid used in treatment (bbl): 19 Number of staged intervals:

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 63

Fresh water used in treatment (bbl): 45 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: PIPELINE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: 8 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 63

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 190 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: 7629 Tbg setting date: 05/25/2012 Packer Depth: 7629

Reason for Non-Production: None commercial

Date formation Abandoned: 05/31/2012 Squeeze: Yes No If yes, number of sacks cmt

** Bridge Plug Depth: 7664 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

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 Fincham

Title: Agent Date: Email fincham4@msn.com

Attachment Check List

Table with 2 columns: Att Doc Num, Name. Rows include 400315347 WELLBORE DIAGRAM and 400315349 WIRELINE JOB SUMMARY.

Total Attach: 2 Files

General Comments

Table with 3 columns: User Group, Comment, Comment Date.

Total: 0 comment(s)