

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 05-073-06473-00 6. County: LINCOLN 7. Well Name: Napali Well Number: # 9 8. Location: QtrQtr: SWNE Section: 17 Township: 10S Range: 55W Meridian: 6 9. Field Name: GREAT PLAINS Field Code: 32756

Completed Interval

FORMATION: J SAND Status: DRY AND ABANDONED Treatment Type: ACID JOB

Treatment Date: 06/14/2012 End Date: 06/21/2012 Date of First Production this formation:

Perforations Top: 4093 Bottom: 4101 No. Holes: 32 Hole size: 1/4

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

Acid Job 19 bbl 12.5% HCL, 23.5 bbl 2.5% HCL

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

Total fluid used in treatment (bbl): 42 Max pressure during treatment (psi): 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): Flowback volume recovered (bbl): 42 Fresh water used in treatment (bbl): 23 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: 0 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl 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: 4043 Tbg setting date: 06/14/2012 Packer Depth: 4043

Reason for Non-Production: None Commercial

Date formation Abandoned: 06/21/2012 Squeeze: [X] Yes [] No If yes, number of sacks cmt 100

** Bridge Plug Depth: 4040 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

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

Treatment Date: 06/12/2012 End Date: 06/14/2012 Date of First Production this formation:

Perforations Top: 7708 Bottom: 7712 No. Holes: 16 Hole size: 1/4

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

Acid Job 9.5 bbl 12.5% HCL. 45.5 bbl 4% KCL

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 55 Max pressure during treatment (psi):

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): 9 Number of staged intervals:

Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 54

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: 06/12/2012 Hours: 8 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl 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: 7686 Tbg setting date: 06/12/2012 Packer Depth: 7686

Reason for Non-Production: Non Commercial

Date formation Abandoned: 06/14/2012 Squeeze: Yes No If yes, number of sacks cmt

** Bridge Plug Depth: 7660 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: NIORARA Status: TEMPORARILY ABANDONED Treatment Type: ACID JOB
 Treatment Date: 06/21/2012 End Date: 06/27/2012 Date of First Production this formation: _____
 Perforations Top: 3070 Bottom: 3104 No. Holes: 128 Hole size: 1/4

Provide a brief summary of the formation treatment: _____ Open Hole:
 PERF 3070-3104 Acid Job 28 bbl 15% HCL, 17 bbl 2% KCL. PERF 3120-3142 Acid Job 22 bbl 15% HCL, 19 bbl 2% KCL; Squeezed perfs 3120-3142 100 sacks.

This formation is commingled with another formation: Yes No
 Total fluid used in treatment (bbl): 86 Max pressure during treatment (psi): _____
 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): 50 Number of staged intervals: _____
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 86
 Fresh water used in treatment (bbl): 36 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: 0
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl 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: 3037 Tbg setting date: 06/27/2012 Packer Depth: -3037

Reason for Non-Production: None Commercial
 Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____
 ** Bridge Plug Depth: 3115 ** Sacks cement on top: _____ ** 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: 9/5/2012 Email: fincham4@msn.com

Attachment Check List

Att Doc Num	Name
400322692	FORM 5A SUBMITTED
400323719	WIRELINE JOB SUMMARY
400323727	CEMENT JOB SUMMARY
400323737	WELLBORE DIAGRAM

Total Attach: 4 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)