

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

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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 05-073-06460-00 6. County: LINCOLN 7. Well Name: Napali Well Number: # 4 8. Location: QtrQtr: NESW Section: 17 Township: 10S Range: 55W Meridian: 6 9. Field Name: GREAT PLAINS Field Code: 32756

Completed Interval

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

Treatment Date: 12/07/2011 End Date: 12/08/2011 Date of First Production this formation:

Perforations Top: 7768 Bottom: 7782 No. Holes: 52 Hole size: 1/4

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

Acid Job 33 bbl 12.5% HCL, 44.5 bbl 2.5% KCL

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

Total fluid used in treatment (bbl): 77 Max pressure during treatment (psi): 2000 Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): Type of gas used in treatment: Min frac gradient (psi/ft): Total acid used in treatment (bbl): 33 Number of staged intervals: Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 72 Fresh water used in treatment (bbl): 44 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: 72 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 216 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: 7697 Tbg setting date: 12/07/2011 Packer Depth: 7697

Reason for Non-Production: None Commercial

Date formation Abandoned: 12/08/2011 Squeeze: [] Yes [X] No If yes, number of sacks cmt

** Bridge Plug Depth: 7764 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: MORROW V-11 Status: PRODUCING Treatment Type: _____
 Treatment Date: 12/08/2011 End Date: 12/09/2011 Date of First Production this formation: 01/01/2012
 Perforations Top: 7722 Bottom: 7730 No. Holes: 32 Hole size: 1/4

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

No Treatment SWAB only

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
 Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____
 Total acid used in treatment (bbl): _____ Number of staged intervals: _____
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
 Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
 Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/08/2012 Hours: 8 Bbl oil: 35 Mcf Gas: 0 Bbl H2O: 20
 Calculated 24 hour rate: Bbl oil: 105 Mcf Gas: 0 Bbl H2O: 60 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: 7742 Tbg setting date: 12/08/2011 Packer Depth: 7764

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.

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: 10/12/2012 Email: fincham4@msn.com

Attachment Check List

Att Doc Num	Name
400336130	FORM 5A SUBMITTED
400336185	WELLBORE DIAGRAM
400336198	WIRELINE JOB SUMMARY

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)