

FORM
5A

Rev
06/12

State of Colorado

Oil and Gas Conservation Commission

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DE ET OE ES

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Date Received:

10/17/2013

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 05-073-06479-00
6. County: LINCOLN
7. Well Name: Mahalo Well Number: # 11
8. Location: QtrQtr: NWSW Section: 29 Township: 10S Range: 55W Meridian: 6
9. Field Name: GREAT PLAINS Field Code: 32756

Completed Interval

FORMATION: CHEROKEE Status: PLUGGED AND ABANDONED Treatment Type: ACID JOB
Treatment Date: 11/21/2012 End Date: 11/26/2012 Date of First Production this formation:
Perforations Top: 7118 Bottom: 7122 No. Holes: 16 Hole size: 1/4

Provide a brief summary of the formation treatment:

Open Hole: ☐

Acid Job, 10 bbl 15% HCL, 42 bbl 2% KCL

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

Total fluid used in treatment (bbl): 52

Max pressure during treatment (psi): 1000

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): 10

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: 11/21/2012 Hours: 8 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 14
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 42 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: 7085 Tbg setting date: 11/21/2012 Packer Depth: 7085

Reason for Non-Production: None commercial

Date formation Abandoned: 11/26/2012 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt

** Bridge Plug Depth: 7090 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: PAWNEE A Status: TEMPORARILY ABANDONED Treatment Type: _____
Treatment Date: _____ End Date: _____ Date of First Production this formation: _____
Perforations Top: 7035 Bottom: 7042 No. Holes: 27 Hole size: 1/4
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

9-19-2013 no treatment SWAB only, recovered 90 bbl water only. 9-20-2013 Remove 2 7/8" tubing and packer. Temporarily abandoned formation.

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: 09/19/2013 Hours: 8 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 30
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 90 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: 6976 Tbg setting date: 09/20/2013 Packer Depth: 6976

Reason for Non-Production: None commercial

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: PAWNEE B Status: PLUGGED AND ABANDONED Treatment Type: ACID JOB
 Treatment Date: 11/26/2012 End Date: 11/27/2012 Date of First Production this formation:
 Perforations Top: 7052 Bottom: 7064 No. Holes: 37 Hole size: 1/4
 Provide a brief summary of the formation treatment: Open Hole: ☐

Acid Job 23 bbl 15% HCL, 40 bbl 2% KCL

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

Total fluid used in treatment (bbl): 63

Max pressure during treatment (psi): 500

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): 23

Number of staged intervals:

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl): 57

Fresh water used in treatment (bbl): 40

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: 11/26/2012 Hours: 8 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 19

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 57 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: 6995 Tbg setting date: 11/26/2012 Packer Depth: 6995

Reason for Non-Production: None commercial

Date formation Abandoned: 09/19/2013 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt

** Bridge Plug Depth: 7046 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

Comment:

Mahalo # 11 has never produced. Temporarily Abandoned

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: 10/17/2013 Email: fincham4@msn.com

Attachment Check List

Att Doc Num	Name
400497534	FORM 5A SUBMITTED
400497611	WELLBORE DIAGRAM
400497683	WIRELINE JOB SUMMARY

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)