

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



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01/01/2014

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
Email: fincham4@msn.com

5. API Number 05-073-06421-00
6. County: LINCOLN
7. Well Name: Bubba-State
Well Number: # 1
8. Location: QtrQtr: NWNW Section: 20 Township: 10S Range: 55W Meridian: 6
9. Field Name: GREAT PLAINS Field Code: 32756

Completed Interval

FORMATION: CHEROKEE Status: PLUGGED AND ABANDONED Treatment Type:

Treatment Date: End Date: Date of First Production this formation:

Perforations Top: 7064 Bottom: 7080 No. Holes: 60 Hole size: 1/4

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

No Treatment. CIBP set on 5-6-2013 Cherokee formation plugged and abandoned

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: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

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

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production: None Commercial

Date formation Abandoned: 05/06/2013 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt

** Bridge Plug Depth: 7054 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: PAWNEE A		Status: PLUGGED AND ABANDONED		Treatment Type: ACID JOB	
Treatment Date: 05/09/2013		End Date: 05/10/2013		Date of First Production this formation:	
Perforations	Top: 6972	Bottom: 6994	No. Holes: 88	Hole size: 1/4	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Acid Job, 52 bbls 15% HCL, 41 bbls 4% KCL					
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Total fluid used in treatment (bbl): 93		Max pressure during treatment (psi): 800			
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): 52		Number of staged intervals:			
Recycled water used in treatment (bbl):		Flowback volume recovered (bbl): 84			
Fresh water used in treatment (bbl): 41		Disposition method for flowback: DISPOSAL			
Total proppant used (lbs):		Rule 805 green completion techniques were utilized: <input type="checkbox"/>			
Reason why green completion not utilized:				PIPELINE	
Fracture stimulations must be reported on FracFocus.org					
<u>Test Information:</u>					
Date: 05/09/2013	Hours: 8	Bbl oil: 0	Mcf Gas: 0	Bbl H2O: 28	
Calculated 24 hour rate:	Bbl oil: 0	Mcf Gas: 0	Bbl H2O: 84	GOR:	
Test Method: SWAB	Casing PSI:	Tubing PSI:	Choke Size:		
Gas Disposition:	Gas Type:	Btu Gas: 0	API Gravity Oil: 0		
Tubing Size: 2	Tubing Setting Depth: 6906	Tbg setting date: 05/09/2013	Packer Depth: 6906		
Reason for Non-Production: None Commercial					
Date formation Abandoned: 10/14/2013	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt			
** Bridge Plug Depth: 6965	** Sacks cement on top: 2	** Wireline and Cement Job Summary must be attached.			

FORMATION: PAWNEE B		Status: PLUGGED AND ABANDONED		Treatment Type: ACID JOB	
Treatment Date: 05/07/2013		End Date: 05/08/2013		Date of First Production this formation:	
Perforations	Top: 7002	Bottom: 7014	No. Holes: 48	Hole size: 1/4	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Acid Job 28 bbls 15% HCL, 42 bbls 4% KCL					
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Total fluid used in treatment (bbl): 70		Max pressure during treatment (psi): 800			
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): 28		Number of staged intervals:			
Recycled water used in treatment (bbl):		Flowback volume recovered (bbl): 72			
Fresh water used in treatment (bbl): 42		Disposition method for flowback: DISPOSAL			
Total proppant used (lbs):		Rule 805 green completion techniques were utilized: <input type="checkbox"/>			
Reason why green completion not utilized:				PIPELINE	
Fracture stimulations must be reported on FracFocus.org					
<u>Test Information:</u>					
Date: 05/07/2013	Hours: 8	Bbl oil: 0	Mcf Gas: 0	Bbl H2O: 24	
Calculated 24 hour rate:	Bbl oil: 0	Mcf Gas:	Bbl H2O: 72	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: 6939	Tbg setting date: 05/07/2013	Packer Depth: 6939		
Reason for Non-Production: None Commercial					
Date formation Abandoned: 05/08/2013	Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, number of sacks cmt			
** Bridge Plug Depth: 6999	** Sacks cement on top: 2	** Wireline and Cement Job Summary must be attached.			

FORMATION: TORCH Status: PLUGGED AND ABANDONED Treatment Type: ACID JOB

Treatment Date: 05/13/2013 End Date: 05/14/2013 Date of First Production this formation: _____

Perforations Top: 6936 Bottom: 6952 No. Holes: 64 Hole size: 1/4

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

Acid Job, 28 bbls 15% HCL, 40 bbls 2% KCL

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

Total fluid used in treatment (bbl): 68 Max pressure during treatment (psi): 400

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): 28 Number of staged intervals: _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 195

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: 05/13/2013 Hours: 8 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 65

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 195 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: 6874 Tbg setting date: 05/13/2013 Packer Depth: 6874

Reason for Non-Production: None Commercial

Date formation Abandoned: 10/14/2013 Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

** Bridge Plug Depth: 6880 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

Comment: _____

Operator requesting Temporarily Abandoned status for Bubba State # 1 well. MIT test performed 10/21/2013, well passed.

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: 1/1/2014 Email: fincham4@msn.com

Attachment Check List

Att Doc Num	Name
400533669	FORM 5A SUBMITTED
400533672	OTHER
400533673	WELLBORE DIAGRAM
400533674	WIRELINE JOB SUMMARY

Total Attach: 4 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)