

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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Document Number:

400651661

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
Email: fincham4@msn.com

5. API Number 05-073-06587-00
6. County: LINCOLN
7. Well Name: Ma-State
Well Number: # 10
8. Location: QtrQtr: NESE Section: 24 Township: 10S Range: 56W Meridian: 6
9. Field Name: GREAT PLAINS Field Code: 32756

Completed Interval

FORMATION: OSAGE Status: PRODUCING Treatment Type:
Treatment Date: End Date: Date of First Production this formation: 07/01/2014
Perforations Top: 7900 Bottom: 7926 No. Holes: 104 Hole size: 1/4

Provide a brief summary of the formation treatment:

Open Hole: ☐

No Treatment, 6-23-2014 perf Osage formation 7900' - 7926' and SWAB

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: 06/23/2014 Hours: 8 Bbl oil: 75 Mcf Gas: 0 Bbl H2O: 100
Calculated 24 hour rate: Bbl oil: 225 Mcf Gas: 0 Bbl H2O: 300 GOR:
Test Method: SWAB Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 32
Tubing Size: 2 + 7/8 Tubing Setting Depth: 7810 Tbg setting date: 06/23/2014 Packer Depth: 7810

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:

Ma-State # 10 well, producing oil well from Osage formation with perfs @ 7900' - 7926'

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

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Attachment Check List

Att Doc Num

Name

400651669	WELLBORE DIAGRAM
400651671	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)