

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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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 4. Contact Name: Jack Fincham
 2. Name of Operator: WIEPKING-FULLERTON ENERGY LLC Phone: (303) 906-3335
 3. Address: 4600 S DOWNING ST Fax: (303) 761-9067
 City: ENGLEWOOD State: CO Zip: 80113 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
:

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400651669	WELLBORE DIAGRAM
400651671	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)