

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

Document Number: 400348184

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, reoperation 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 05-073-06468-00
6. County: LINCOLN
7. Well Name: Mahalo
Well Number: # 8
8. Location: QtrQtr: NESW Section: 29 Township: 10S Range: 55W Meridian: 6
9. Field Name: GREAT PLAINS Field Code: 32756

Completed Interval

FORMATION: CHEROKEE Status: PRODUCING Treatment Type: ACID JOB

Treatment Date: 10/17/2012 End Date: 10/18/2012 Date of First Production this formation: 11/01/2012

Perforations Top: 7105 Bottom: 7101 No. Holes: 6 Hole size: 1/4

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

Cherokee B formaton, Acid Job 14 bbl 15% HCL, 42 bbl 2% KCL

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

Total fluid used in treatment (bbl): 56
Max pressure during treatment (psi): 1100
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): 14
Number of staged intervals:
Recycled water used in treatment (bbl):
Flowback volume recovered (bbl): 112
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: 10/17/2012 Hours: 8 Bbl oil: 26 Mcf Gas: 38 Bbl H2O: 12
Calculated 24 hour rate: Bbl oil: 78 Mcf Gas: 115 Bbl H2O: 36 GOR:
Test Method: SWAB Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: 1200 API Gravity Oil: 35
Tubing Size: 2 + 7/8 Tubing Setting Depth: 7117 Tbg setting date: 10/17/2012 Packer Depth: 7026

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.

FORMATION: MORROW V-11 Status: DRY AND ABANDONED Treatment Type: ACID JOB

Treatment Date: 10/12/2012 End Date: 10/16/2012 Date of First Production this formation:

Perforations Top: 7774 Bottom: 7790 No. Holes: 16 Hole size: 1/4

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

Acid Job 38 bbl 12.5% HCL, 47 bbl 4% KCL

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 85 Max pressure during treatment (psi): 1900

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): 38 Number of staged intervals:

Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 114

Fresh water used in treatment (bbl): 47 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: 11/15/2012 Hours: 8 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 38

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 114 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: 7714 Tbg setting date: 10/15/2012 Packer Depth: 7714

Reason for Non-Production: None Commercial

Date formation Abandoned: 10/16/2012 Squeeze: Yes No If yes, number of sacks cmt

** Bridge Plug Depth: 7700 ** Sacks cement on top: 2 ** Wireline and Cement Job Summary must be attached.

FORMATION: NOT COMPLETED Status: DRY AND ABANDONED Treatment Type: ACID JOB
 Treatment Date: 10/16/2012 End Date: 10/17/2012 Date of First Production this formation: _____
 Perforations Top: 7126 Bottom: 7134 No. Holes: 8 Hole size: 1/4

Provide a brief summary of the formation treatment: _____ Open Hole:
 Cherokee B formation Acid Job 19 bbl 15% HCL, 42 bbl 2% KCL

This formation is commingled with another formation: Yes No
 Total fluid used in treatment (bbl): 61 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): 19 Number of staged intervals: _____
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 90
 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: 10/16/2012 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: 7076 Tbg setting date: 10/16/2012 Packer Depth: 7076
 Reason for Non-Production: None Commercial
 Date formation Abandoned: 10/17/2012 Squeeze: Yes No If yes, number of sacks cmt _____
 ** Bridge Plug Depth: 7120 ** Sacks cement on top: 2 ** 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: _____ Email: fincham4@msn.com

Attachment Check List

Att Doc Num	Name
400348255	WELLBORE DIAGRAM
400348266	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)