

FORM  
5  
Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission  
1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:  
2591059

**DRILLING COMPLETION REPORT**

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type  Final completion  Preliminary 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

5. API Number 05-073-06423-00 6. County: LINCOLN  
7. Well Name: ALOHA MULA Well Number: 12  
8. Location: QtrQtr: SESE Section: 19 Township: 10S Range: 55W Meridian: 6  
Footage at surface: Distance: 1000 feet Direction: FSL Distance: 660 feet Direction: FEL  
As Drilled Latitude: 39.159610 As Drilled Longitude: -103.587000

GPS Data:

Data of Measurement: 10/01/2010 PDOP Reading: 2.7 GPS Instrument Operator's Name: KEITH WESTFALL

\*\* If directional footage at Top of Prod. Zone Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_ Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_

Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_

\*\* If directional footage at Bottom Hole Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_ Dist.: \_\_\_\_\_ feet. Direction: \_\_\_\_\_

Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_

9. Field Name: GREAT PLAINS 10. Field Number: 32756

11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 09/01/2010 13. Date TD: 09/19/2010 14. Date Casing Set or D&A: 09/20/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7900 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 7900 TVD\*\* \_\_\_\_\_

18. Elevations GR 5215 KB 5228

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

DUAL SPACED CEMENT BOND LONG

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8		0	332	250	0	332	CALC
1ST	7+7/8	5+1/2		0	7,849	300	6,030	7,849	CBL

ADDITIONAL CEMENT

Cement work date: \_\_\_\_\_

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL		4,595	200	3,030	4,595

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
NIOBRARA	3,100		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	3,660		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	4,090		<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	5,674		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	6,623		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	6,964		<input type="checkbox"/>	<input type="checkbox"/>	
PAWNEE	6,970		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	7,085		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	7,580		<input type="checkbox"/>	<input type="checkbox"/>	
ST LOUIS	7,806		<input type="checkbox"/>	<input type="checkbox"/>	

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 M FINCHAM

Title: AGENT

Date: 11/9/2010

Email: FINCHAM4@MSN.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2591060	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
251062	DST Analysis	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2591063	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
2591059	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

**User Group**

**Comment**

**Comment Date**

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

Total: 0 comment(s)