

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



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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

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Total: 0 comment(s)