

FORM
5
Rev
02/08

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:
400317400

Date Received:
08/17/2012

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: <u>96340</u>	4. Contact Name: <u>Jack Fincham</u>
2. Name of Operator: <u>WIEPKING-FULLERTON ENERGY LLC</u>	Phone: <u>(303) 906-3335</u>
3. Address: <u>4600 S DOWNING ST</u>	Fax: <u>(303) 761-9062</u>
City: <u>ENGLEWOOD</u> State: <u>CO</u> Zip: <u>80113</u>	

5. API Number <u>05-073-06463-00</u>	6. County: <u>LINCOLN</u>
7. Well Name: <u>Mahalo</u>	Well Number: <u># 6</u>
8. Location: QtrQtr: <u>SWNE</u> Section: <u>29</u> Township: <u>10S</u> Range: <u>55W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>1982</u> feet Direction: <u>FNL</u> Distance: <u>1979</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>39.151490</u> As Drilled Longitude: <u>-103.573010</u>	

GPS Data:

Date of Measurement: 07/12/2012 PDOP Reading: 2.6 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) 06/05/2012 13. Date TD: 06/13/2012 14. Date Casing Set or D&A: 06/15/2012

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 5184 KB 5199

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:

Compensated Density Compensated Newtron Gamma Ray
High Resolution Induction

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	24	0	298	160	0	298	VISU
OPEN HOLE	7			298	7,900				

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

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	3,124		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	3,628		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	4,042		<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	6,316		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	6,605		<input type="checkbox"/>	<input type="checkbox"/>	
TORCH	6,951		<input type="checkbox"/>	<input type="checkbox"/>	
PAWNEE A	6,985		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	7,077		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	7,625		<input type="checkbox"/>	<input type="checkbox"/>	
KEYES	7,814		<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 Fincham

Title: Agent Date: 8/17/2012 Email: fincham4@msn.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2517978	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"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400317432	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
400317400	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400317416	DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Uploaded cement ticket.	9/26/2012 12:26:08 PM
Agency	Operator says no CBL run because no production casing was set.	9/26/2012 10:50:52 AM
Permit	No CBL log or surface casing cement ticket. Waiting on cement ticket. 9/26/2012	8/28/2012 1:18:53 PM

Total: 3 comment(s)