

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:
400327401

Date Received:
09/25/2012

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: 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 05-073-06449-00 6. County: LINCOLN
 7. Well Name: Kerry Well Number: # 5
 8. Location: QtrQtr: NWNE Section: 20 Township: 10S Range: 55W Meridian: 6
 Footage at surface: Distance: 660 feet Direction: FNL Distance: 1980 feet Direction: FEL
 As Drilled Latitude: 39.169620 As Drilled Longitude: -103.572990

GPS Data:

Date of Measurement: 09/04/2012 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) 07/23/2012 13. Date TD: 08/04/2012 14. Date Casing Set or D&A: 08/06/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7896 TVD** _____ 17 Plug Back Total Depth MD 7010 TVD** _____

18. Elevations GR 5181 KB 5194

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 Neutron Gamma Ray
High Resolution Induction
Radial Spacecd Cement Bond Log

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	299	160	0	299	VISU
1ST	7+7/8	5+1/2	17	0	7,889	280	6,070	7,889	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	1ST	4,678	250	2,830	4,678

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	3,036		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	3,598		<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	6,295		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	6,575		<input type="checkbox"/>	<input type="checkbox"/>	
TORCH	6,924		<input type="checkbox"/>	<input type="checkbox"/>	
PAWNEE B	6,964		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	7,030		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW V-11	7,712		<input type="checkbox"/>	<input type="checkbox"/>	
KEYES	7,759		<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: 9/25/2012 Email: fincham4@msn.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400327790	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"/>
400327796	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400327401	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400327592	IND-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400327604	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400327798	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Mailed hard copies of logs to COGCC 9/25/12 for Kerry # 5 well including:per operator Compensated Density Compensated Neutron Gamma Ray High Resolution Induction Radial Spaced Cement Bond Log	9/26/2012 10:41:50 AM
Permit	Requested induction - neutron/density porosity log.	9/25/2012 1:37:32 PM

Total: 2 comment(s)