

FORM  
5

Rev  
02/08

# State of Colorado Oil and Gas Conservation Commission

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DE ET OE ES

Document Number:

400352271

Date Received:

12/03/2012

## 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 05-073-06482-00 6. County: LINCOLN  
 7. Well Name: Raptor Well Number: # 2  
 8. Location: QtrQtr: NESE Section: 18 Township: 10S Range: 55W Meridian: 6  
 Footage at surface: Distance: 1980 feet Direction: FSL Distance: 658 feet Direction: FEL  
 As Drilled Latitude: 39.176790 As Drilled Longitude: -103.586900

### GPS Data:

Data of Measurement: 10/22/2012 PDOP Reading: 2.5 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) 09/30/2012 13. Date TD: 10/07/2012 14. Date Casing Set or D&A: 10/08/2012

### 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 7825 TVD\*\* \_\_\_\_\_

18. Elevations GR 5193 KB 5206

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 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	300	155	0	300	VISU
1ST	7+7/8	5+1/2	17	0	7,885	265	5,960	7,885	CBL

### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 10/23/2012

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	1ST	4,560	250	3,260	4,560

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	3,118		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	3,647		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	6,613		<input type="checkbox"/>	<input type="checkbox"/>	
TORCH	6,971		<input type="checkbox"/>	<input type="checkbox"/>	
PAWNEE A	7,000		<input type="checkbox"/>	<input type="checkbox"/>	
PAWNEE B	7,016		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	7,074		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	7,281		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	7,600		<input type="checkbox"/>	<input type="checkbox"/>	
KEYES	7,774		<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: 12/3/2012 Email: fincham4@msn.com

#### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400352367	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"/>
400352370	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>Other Attachments</b>			
400352271	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400352351	LAS-COMBINATION OPEN HOLE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400352364	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

<b>User Group</b>	<b>Comment</b>	<b>Comment Date</b>
Permit	Requested hard copy of the Ind /Neu /dens log.	12/4/2012 6:54:26 AM

Total: 1 comment(s)