

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



DE	ET	OE	ES
----	----	----	----

Document Number:  
400596820

Date Received:

## 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 05-073-06550-00 6. County: LINCOLN  
7. Well Name: Albatross-State Well Number: # 1  
8. Location: QtrQtr: SWSW Section: 36 Township: 9S Range: 56W Meridian: 6  
Footage at surface: Distance: 659 feet Direction: FSL Distance: 659 feet Direction: FWL  
As Drilled Latitude: 39.216950 As Drilled Longitude: -103.619230

GPS Data:  
Date of Measurement: 12/11/2013 PDOP Reading: 2.8 GPS Instrument Operator's Name: Elijah Frane

\*\* 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: WILDCAT 10. Field Number: 99999  
11. Federal, Indian or State Lease Number: 9361.7

12. Spud Date: (when the 1st bit hit the dirt) 10/17/2013 13. Date TD: 11/12/2013 14. Date Casing Set or D&A: 11/13/2013

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8193 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 7850 TVD\*\* \_\_\_\_\_

18. Elevations GR 5260 KB 5273  
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	406	190	0	406	VISU
1ST	7+7/8	5+1/2	17	0	8,189	335	5,500	8,189	CBL

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 11/15/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	1ST	4,775	-25	3,000	4,775

Details of work:

Install Port Collar @ 4775' pump 250 sks cement. top of cement 3000' by CBL

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	3,349		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	3,862		<input type="checkbox"/>	<input type="checkbox"/>	
CEDAR HILLS	5,534		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	6,816		<input type="checkbox"/>	<input type="checkbox"/>	
PAWNEE A	7,187		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	7,266		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW V-11	7,876		<input type="checkbox"/>	<input type="checkbox"/>	
OSAGE	8,086		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Albatross-State # 1 is a producing oil well. Operator requests confidential status for all information on Form 5

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: \_\_\_\_\_ Email: fincham4@msn.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400596959	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"/>
400596957	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>Other Attachments</b>			
400596829	LAS-IND-DENS-NEU	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400596832	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)