

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:
400642815

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 05-073-06591-00 6. County: LINCOLN
 7. Well Name: Ma-State Well Number: # 8
 8. Location: QtrQtr: SWNE Section: 24 Township: 10S Range: 56W Meridian: 6
 Footage at surface: Distance: 1979 feet Direction: FNL Distance: 1865 feet Direction: FEL
 As Drilled Latitude: 39.166080 As Drilled Longitude: -103.609820

GPS Data:
 Date of Measurement: 07/02/2014 PDOP Reading: 2.9 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: 9370.7

12. Spud Date: (when the 1st bit hit the dirt) 04/25/2014 13. Date TD: 05/30/2014 14. Date Casing Set or D&A: 06/01/2014

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

16. Total Depth MD 8075 TVD** _____ 17 Plug Back Total Depth MD 7475 TVD** _____

18. Elevations GR 5268 KB 5281 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:
 High Resolution Induction
 Compensated Density Compensated Newtron Gamma Ray
 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	323	265	0	323	VISU
1ST	7+7/8	5+1/2	17	0	8,055	317	0	8,035	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 06/04/2014

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
RETAINER	1ST	7,475	250	7,475	7,620
STAGE TOOL	1ST	4,797	250	3,400	4,797

Details of work:

6-3-2014 need to re-cement 1st string casing 7475' - 7620', perf 7550' - 7551'. Set cement retainer @ 7475'
 6-4 2014 rig up cementers pump 250 sks cement cover 7475' - 7620' good circulation.
 6-5-2014 set port collar 4797' pump 250 sks cement. Top of cement 3400' 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	3,200		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	3,755		<input type="checkbox"/>	<input type="checkbox"/>	
CEDAR HILLS	5,396		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	6,694		<input type="checkbox"/>	<input type="checkbox"/>	
TORCH	7,035	7,060	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	7,140	7,182	<input type="checkbox"/>	<input type="checkbox"/>	
OSAGE	7,900		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Ma-State # 8 well is a producing oil well from the Cherokee A formation.

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 ?	
Attachment Checklist			
400643334	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"/>
400642953	DST Analysis	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400643331	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400642881	LAS-IND-DENS-NEU	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400642928	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400642930	PDF-DENSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400643327	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400643328	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)