


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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table>	DE	ET	OE	ES	Document Number: <div style="text-align: center; margin-top: 10px;">400606421</div> Date Received: <div style="text-align: center; margin-top: 10px;">05/28/2014</div>																
DE	ET	OE	ES																					
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion																								
<table style="width: 100%;"> <tr> <td style="width: 50%;">1. OGCC Operator Number: <u>96340</u></td> <td style="width: 50%;">4. Contact Name: <u>Jack Fincham</u></td> </tr> <tr> <td>2. Name of Operator: <u>WIEPKING-FULLERTON ENERGY LLC</u></td> <td>Phone: <u>(303) 906-3335</u></td> </tr> <tr> <td>3. Address: <u>4600 S DOWNING ST</u></td> <td>Fax: <u>(303) 761-9067</u></td> </tr> <tr> <td>City: <u>ENGLEWOOD</u> State: <u>CO</u> Zip: <u>80113</u></td> <td></td> </tr> </table>					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) 761-9067</u>	City: <u>ENGLEWOOD</u> State: <u>CO</u> Zip: <u>80113</u>													
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) 761-9067</u>																							
City: <u>ENGLEWOOD</u> State: <u>CO</u> Zip: <u>80113</u>																								
<table style="width: 100%;"> <tr> <td style="width: 50%;">5. API Number <u>05-073-06577-00</u></td> <td style="width: 50%;">6. County: <u>LINCOLN</u></td> </tr> <tr> <td>7. Well Name: <u>Ma-State</u></td> <td>Well Number: <u># 6</u></td> </tr> <tr> <td>8. Location: QtrQtr: <u>SWNW</u> Section: <u>24</u> Township: <u>10S</u> Range: <u>56W</u> Meridian: <u>6</u></td> <td></td> </tr> <tr> <td>Footage at surface: Distance: <u>1980</u> feet Direction: <u>FNL</u></td> <td>Distance: <u>660</u> feet Direction: <u>FWL</u></td> </tr> <tr> <td>As Drilled Latitude: <u>39.166130</u></td> <td>As Drilled Longitude: <u>-103.619620</u></td> </tr> </table>					5. API Number <u>05-073-06577-00</u>	6. County: <u>LINCOLN</u>	7. Well Name: <u>Ma-State</u>	Well Number: <u># 6</u>	8. Location: QtrQtr: <u>SWNW</u> Section: <u>24</u> Township: <u>10S</u> Range: <u>56W</u> Meridian: <u>6</u>		Footage at surface: Distance: <u>1980</u> feet Direction: <u>FNL</u>	Distance: <u>660</u> feet Direction: <u>FWL</u>	As Drilled Latitude: <u>39.166130</u>	As Drilled Longitude: <u>-103.619620</u>										
5. API Number <u>05-073-06577-00</u>	6. County: <u>LINCOLN</u>																							
7. Well Name: <u>Ma-State</u>	Well Number: <u># 6</u>																							
8. Location: QtrQtr: <u>SWNW</u> Section: <u>24</u> Township: <u>10S</u> Range: <u>56W</u> Meridian: <u>6</u>																								
Footage at surface: Distance: <u>1980</u> feet Direction: <u>FNL</u>	Distance: <u>660</u> feet Direction: <u>FWL</u>																							
As Drilled Latitude: <u>39.166130</u>	As Drilled Longitude: <u>-103.619620</u>																							
GPS Data: Date of Measurement: <u>05/21/2014</u> PDOP Reading: <u>2.1</u> GPS Instrument Operator's Name: <u>Elijah Frane</u>																								
<table style="width: 100%;"> <tr> <td style="width: 30%;">** If directional footage at Top of Prod. Zone</td> <td style="width: 15%;">Dist.: _____ feet.</td> <td style="width: 15%;">Direction: _____</td> <td style="width: 15%;">Dist.: _____ feet.</td> <td style="width: 15%;">Direction: _____</td> </tr> <tr> <td>Sec: _____</td> <td>Twp: _____</td> <td>Rng: _____</td> <td></td> <td></td> </tr> <tr> <td>** If directional footage at Bottom Hole</td> <td>Dist.: _____ feet.</td> <td>Direction: _____</td> <td>Dist.: _____ feet.</td> <td>Direction: _____</td> </tr> <tr> <td>Sec: _____</td> <td>Twp: _____</td> <td>Rng: _____</td> <td></td> <td></td> </tr> </table>					** 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: _____		
** 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: <u>WILDCAT</u> 10. Field Number: <u>99999</u>																								
11. Federal, Indian or State Lease Number: <u>9370.7</u>																								
12. Spud Date: (when the 1st bit hit the dirt) <u>03/24/2014</u> 13. Date TD: <u>04/22/2014</u> 14. Date Casing Set or D&A: <u>04/23/2014</u>																								
15. Well Classification: <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation																								
16. Total Depth MD <u>8060</u> TVD** _____ 17 Plug Back Total Depth MD <u>8050</u> TVD** _____																								
18. Elevations GR <u>5301</u> KB <u>5316</u>																								
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: <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Radial Cement Bond Log High resolution Induction Log Compensated Density Compesated Neutron Gamma Ray Log </div>																								
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	165	0	300	VISU															
1ST	7+7/8	5+1/2	17	0	8,050	330	3,492	8,050	CBL															

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 04/28/2014

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	1ST	4,765	250	3,000	4,765

Details of work:

Set port collar @ 4765' pump 250 sks cement. Run CBL top of cement 3000'

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	3,240		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	3,806		<input type="checkbox"/>	<input type="checkbox"/>	
CEDAR HILLS	5,444		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	6,746		<input type="checkbox"/>	<input type="checkbox"/>	
TORCH	7,094		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	7,194	7,227	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
OSAGE	7,935	7,955	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Comment:

Ma-State # 6 is a producing oil well from the Osage formation. Operator requesting 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: 5/28/2014 Email: fincham4@msn.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400608134	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"/>
400608129	DST Analysis	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Logs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400615018	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400606421	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400607600	LAS-IND-DENS-NEU	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400607627	TIF-INDUCTION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400607639	TIF-DENSITY/NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400607643	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

--	--	--

Total: 0 comment(s)