

FORM 5
Rev 09/14

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:
400704119

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

OGCC Operator Number: 96340 Contact Name: Jack Fincham
Name of Operator: WIEPKING-FULLERTON ENERGY LLC Phone: (303) 906-3335
Address: 4600 S DOWNING ST Fax: (303) 761-9067
City: ENGLEWOOD State: CO Zip: 80113

API Number 05-073-06576-00 County: LINCOLN
Well Name: Big Wampum Well Number: # 3
Location: QtrQtr: NENE Section: 23 Township: 10S Range: 56W Meridian: 6
Footage at surface: Distance: 760 feet Direction: FNL Distance: 660 feet Direction: FEL
As Drilled Latitude: 39.169490 As Drilled Longitude: -103.624250

GPS Data:
Date of Measurement: 09/19/2014 PDOP Reading: 2.6 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:

Field Name: GREAT PLAINS Field Number: 32756
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 07/25/2014 Date TD: 08/22/2014 Date Casing Set or D&A: 08/27/2014
Rig Release Date: 08/27/2014 Per Rule 308A.b.

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

Total Depth MD 8100 TVD** Plug Back Total Depth MD 8028 TVD**
Elevations GR 5329 KB 5342 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
Compensated Density Compensated Neutron Gamma Ray, High Resolution Induction, Radial Cement Bond Log

CASING, LINER AND CEMENT

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	340	165	0	340	VISU
1ST	7+7/8	5+1/2	17	0	8,080	428	6,180	8,080	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	4,851	250	2,970	4,851

Details of work:

Set Port Collar @ 4851' pump 250 sks cement top of cement 2970' by CBL

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
NIOBRARA	3,295				
CODELL	3,850				
CEDAR HILLS	5,480				
LANSING	6,783				
TORCH	7,116				
PAWNEE A	7,134				
CHEROKEE	7,222	7,262	YES		
OSAGE	7,964	7,969	NO		

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: _____

Email: fincham4@msn.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400704792	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"/>
400705774	DST Analysis	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400704794	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400704332	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400704335	PDF-DENSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400704339	LAS-IND-DENS-NEU	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400704346	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400704837	WELL LOCATION PLAT	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)