

FORM
5
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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DRILLING COMPLETION REPORT

Document Number:

400147703

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 05-073-06419-00 6. County: LINCOLN
7. Well Name: ALOHA MULA Well Number: 11
8. Location: QtrQtr: NENE Section: 19 Township: 10S Range: 55W Meridian: 6
Footage at surface: Distance: 655 feet Direction: FNL Distance: 652 feet Direction: FEL
As Drilled Latitude: 39.169550 As Drilled Longitude: -103.586930

GPS Data:

Data of Measurement: 02/15/2011 PDOP Reading: 2.5 GPS Instrument Operator's Name: Keith Westfall

** If directional footage

at Top of Prod. Zone Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____
at Bottom Hole Distance: _____ feet Direction: _____ Distance: _____ 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) 01/05/2011 13. Date TD: 01/20/2011 14. Date Casing Set or D&A: 01/22/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7895 TVD _____ 17 Plug Back Total Depth MD 7344 TVD _____

18. Elevations GR 5196 KB 5209

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 Gammay Ray
High Resolution Induction
Dual Spaced 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	318	250	0	318	CALC
1ST	7+7/8	5+1/2	17	0	7,344	600	2,800	7,344	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	3,648		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	4,067		<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	6,423		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	6,611		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	6,946		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
PAWNEE	6,986		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	7,075		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MORROW	7,592		<input type="checkbox"/>	<input type="checkbox"/>	
KEYES	7,784		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Request information be confidential

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

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400147848	PDF-CEMENT BOND
400149893	OTHER
400149894	CEMENT JOB SUMMARY
400149898	DST ANALYSIS
400149899	DST ANALYSIS
400150633	LAS-

Total Attach: 6 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)