

FORM
5Rev
02/08State of Colorado
Oil and Gas Conservation Commission

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



DE ET OE ES

Document Number:

400147703

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 05-073-06419-00 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 ☐ Observation16. 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

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Total: 0 comment(s)