

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



DE ET OE ES

DRILLING COMPLETION REPORT

Document Number:

400149531

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 05-073-06434-00 6. County: LINCOLN
7. Well Name: Kerry Well Number: # 2
8. Location: QtrQtr: SWSW Section: 20 Township: 10S Range: 55W Meridian: 6
Footage at surface: Distance: 620 feet Direction: FSL Distance: 621 feet Direction: FWL
As Drilled Latitude: 39.158570 As Drilled Longitude: -103.582490

GPS Data:

Data of Measurement: 04/04/2011 PDOP Reading: 2.1 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) 01/27/2011 13. Date TD: 02/14/2011 14. Date Casing Set or D&A: 02/17/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7900 TVD _____ 17 Plug Back Total Depth MD 7355 TVD _____

18. Elevations GR 5218 KB 5231

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:

Dual Induction Guard Log Gamma Ray
Compensated Density Compensated Neutron 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	250	0	323	CALC
1ST	7+7/8	5+1/2	17	0	7,355	135	5,800	7,355	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	3,124		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	3,641		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	4,082		<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	5,684		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	6,631		<input type="checkbox"/>	<input type="checkbox"/>	
MARMATON	6,965		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	7,097		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MORROW	7,620		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MORROW V-11	7,764		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
KEYES	7,814		<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 _____

Title: Fincham 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
400156056	PDF-CEMENT BOND
400156059	LAS-DUAL INDUCTION
400156822	CEMENT JOB SUMMARY
400156824	OTHER
400157292	DST ANALYSIS

Total Attach: 5 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)