

FORM
5Rev
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

Document Number:

400163499

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 05-073-06435-00

6. County: LINCOLN

7. Well Name: Kerry

Well Number: # 4

8. Location: QtrQtr: NESW Section: 20 Township: 10S Range: 55W Meridian: 6

Footage at surface: Distance: 1980 feet Direction: FSL Distance: 1980 feet Direction: FWL

As Drilled Latitude: 39.162330 As Drilled Longitude: -103.577690

GPS Data:

Date of Measurement: 04/08/2011 PDOP Reading: 1.9 GPS Instrument Operator's Name: Keith Westfall

** 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: GREAT PLAINS

10. Field Number: 32756

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 02/15/2011 13. Date TD: 04/06/2011 14. Date Casing Set or D&A: 04/07/2011

15. Well Classification:

☒ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7950 TVD** 17 Plug Back Total Depth MD 7950 TVD**

18. Elevations GR 5185 KB 5198

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 Gamma Ray
High Resolution Induction

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 | 330 | 250 | 0 | 330 | CALC |

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 | 3,056 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 3,604 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| DAKOTA | 4,045 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| LANSING | 6,597 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| MARMATON | 6,905 | 6,940 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| PAWNEE | 6,942 | 6,995 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| CHEROKEE | 7,060 | 7,096 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| MORROW | 7,580 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| KEYES | 7,764 | | <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: 5/13/2011 | Email: fincham4@msn.com |

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400163881 | 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"/> |
| 400164728 | DST Analysis | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Logs | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400163882 | Other | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| <u>Other Attachments</u> | | | | | |
| 400163499 | FORM 5 SUBMITTED | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400163880 | LAS-DENSITY/NEUTRON | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|------------------------------|--------------------------|
| Permit | SUBSEQUENT FORM 6 IN PROCESS | 7/25/2011 12:06:32 PM |

Total: 1 comment(s)