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Document Number:
 400218697

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 05-073-06432-00 6. County: LINCOLN
 7. Well Name: Bubba-State Well Number: # 3
 8. Location: QtrQtr: SENW Section: 20 Township: 10S Range: 55W Meridian: 6
 Footage at surface: Distance: 1895 feet Direction: FNL Distance: 1980 feet Direction: FWL
 As Drilled Latitude: 39.166190 As Drilled Longitude: -103.577660

GPS Data:
 Date of Measurement: 09/01/2011 PDOP Reading: 2.9 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: 9365

12. Spud Date: (when the 1st bit hit the dirt) 08/06/2011 13. Date TD: 08/23/2011 14. Date Casing Set or D&A: 08/24/2011

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 7865 TVD** _____

18. Elevations GR 5194 KB 5207
 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 Compendated Neutron Gamma Ray
 High Resolution Induction
 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	319	260	0	319	CALC
1ST	7+7/8	5+1/2	17	0	7,865	255	6,150	7,865	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	4,586	250	3,020	4,586

Details of work:

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	3,042		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	3,626		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	4,066		<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	5,642		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	6,591		<input type="checkbox"/>	<input type="checkbox"/>	
TORCH	6,940		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
PAWNEE A	6,976		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
PAWNEE B	6,998		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	7,058		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MORROW	7,574		<input type="checkbox"/>	<input type="checkbox"/>	
KEYES	7,759		<input type="checkbox"/>	<input type="checkbox"/>	

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

The subreport 'subreport3' could not be found at the specified location W:\Inetpub\Net\Reports\AttachListNew.rdlc. Please

General Comments

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

Total: 0 comment(s)