

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:

400235799

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 05-073-06459-00

6. County: LINCOLN

7. Well Name: Aloha Mula

Well Number: # 15

8. Location: QtrQtr: NESE Section: 19 Township: 10S Range: 55W Meridian: 6

Footage at surface: Distance: 2210 feet Direction: FSL Distance: 617 feet Direction: FEL

As Drilled Latitude: 39.162930 As Drilled Longitude: -103.586840

GPS Data:

Data of Measurement: 12/09/2011 PDOP Reading: 2.7 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) 10/15/2011 13. Date TD: 11/01/2011 14. Date Casing Set or D&A: 11/07/2011

15. Well Classification:

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

16. Total Depth MD 7692 TVD** 17 Plug Back Total Depth MD 5492 TVD**

18. Elevations GR 5209 KB 5222

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:

No Logs Run

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	321	265	0	321	VISU

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date:

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

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	3,108		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	3,655		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	4,086		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	6,618		<input type="checkbox"/>	<input type="checkbox"/>	
TORCH	6,960		<input type="checkbox"/>	<input type="checkbox"/>	
PAWNEE	7,000		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	7,100		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	7,585		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Well bore collapsed at 5492' below surface. Left in hole 542' drill collars, 1656' drill pipe, one PDC bit

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

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400236337	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"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400235840	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)