

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:

400236880

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 05-073-06334-00

6. County: LINCOLN

7. Well Name: Kauai

Well Number: # 2

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

Footage at surface: Distance: 1919 feet Direction: FNL Distance: 1822 feet Direction: FEL

As Drilled Latitude: 39.209840 As Drilled Longitude: -103.590870

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: RIVERBEND

10. Field Number: 73795

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 09/20/2011 13. Date TD: 10/06/2011 14. Date Casing Set or D&A: 10/10/2011

15. Well Classification:

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

16. Total Depth MD 8000 TVD** 17 Plug Back Total Depth MD 7538 TVD**

18. Elevations GR 5265 KB 5278

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 Neutron
Compensated Density
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	320	265	0	320	VISU
1ST	7+7/8	5+1/2	17	0	7,752	195	5,900	7,752	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	1ST	4,693	250	3,320	4,693

Details of work:

Set Port Collar 4693' pump 250 sks of cement. Cement top 3320 by CBL

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	3,256		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	3,791		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	4,234		<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	5,820		<input type="checkbox"/>	<input type="checkbox"/>	
TORCH	7,104		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
PAWNEE A	7,116		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	7,212		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MORROW	7,717		<input type="checkbox"/>	<input type="checkbox"/>	
KEYES	7,901		<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

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400238307	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"/>
400238308	DST Analysis	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Logs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400238306	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400236922	LAS-DENSITY/NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400236926	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments**User Group****Comment****Comment Date**

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Total: 0 comment(s)