

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

Document Number:

400236880

Date Received:

01/12/2012

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:  
Date 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: 1/12/2012 Email: fincham4@msn.com

#### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
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"/>
<b>Other Attachments</b>			
400236880	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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**

User Group	Comment	Comment Date

Total: 0 comment(s)