

FORM
5

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400314476

Date Received:

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
2. Name of Operator: WIEPKING-FULLERTON ENERGY LLC
3. Address: 4600 S DOWNING ST
City: ENGLEWOOD State: CO Zip: 80113
4. Contact Name: Jack Fincham
Phone: (303) 906-3335
Fax: (303) 761-9067

5. API Number 05-073-06465-00
6. County: LINCOLN
7. Well Name: Napali Well Number: # 8
8. Location: QtrQtr: SENW Section: 17 Township: 10S Range: 55W Meridian: 6
Footage at surface: Distance: 1980 feet Direction: FNL Distance: 1980 feet Direction: FWL
As Drilled Latitude: 39.180470 As Drilled Longitude: -103.577570

GPS Data:
Date of Measurement: 06/15/2012 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) 05/05/2012 13. Date TD: 05/15/2012 14. Date Casing Set or D&A: 05/16/2012

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 7100 TVD**

18. Elevations GR 5180 KB 5193
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
Dual Spaced 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
CONDUCTOR	17+1/2	13+3/8	48	0	60	100	0	60	VISU
SURF	12+1/4	8+5/8	24	0	304	165	0	304	VISU
1ST	7+7/8	5+1/2	17	0	7,896	270	6,050	7,896	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	1ST	4,552	325	4,000	4,552

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	3,076		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	3,627		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	4,067		<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	6,357		<input type="checkbox"/>	<input type="checkbox"/>	
TORCH	6,960		<input type="checkbox"/>	<input type="checkbox"/>	
PAWNEE A	6,996		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	7,074		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	7,580		<input type="checkbox"/>	<input type="checkbox"/>	
KEYES	7,747		<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 ?	
Attachment Checklist			
400315194	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
400315198	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400315172	LAS-DUAL INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400315506	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)