

FORM
5Rev
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:

400317400

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

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) 761-9062

City: ENGLEWOOD State: CO Zip: 80113

5. API Number 05-073-06463-00

6. County: LINCOLN

7. Well Name: Mahalo

Well Number: # 6

8. Location: QtrQtr: SWNE Section: 29 Township: 10S Range: 55W Meridian: 6

Footage at surface: Distance: 1982 feet Direction: FNL Distance: 1979 feet Direction: FEL

As Drilled Latitude: 39.151490 As Drilled Longitude: -103.573010

GPS Data:

Date of Measurement: 07/12/2012 PDOP Reading: 2.6 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) 06/05/2012 13. Date TD: 06/13/2012 14. Date Casing Set or D&A: 06/15/2012

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 7900 TVD**

18. Elevations GR 5184 KB 5199

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 Newtron Gamma Ray
High Resolution Induction

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	298	160	0	298	VISU

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/perf 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	3,124		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	3,628		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	4,042		<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	6,316		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	6,605		<input type="checkbox"/>	<input type="checkbox"/>	
TORCH	6,951		<input type="checkbox"/>	<input type="checkbox"/>	
PAWNEE A	6,985		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	7,077		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	7,625		<input type="checkbox"/>	<input type="checkbox"/>	
KEYES	7,814		<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>		
	CMT Summary *	Yes <input type="checkbox"/> No <input checked="" 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"/>
400317432	Other	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>Other Attachments</u>		
400317416	LAS-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)