

**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



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Document Number:  
400435363

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) 761-9067  
 City: ENGLEWOOD State: CO Zip: 80113

5. API Number 05-073-06454-00 6. County: LINCOLN  
 7. Well Name: Kerry Well Number: # 6  
 8. Location: QtrQtr: SWNE Section: 20 Township: 10S Range: 55W Meridian: 6  
 Footage at surface: Distance: 1980 feet Direction: FNL Distance: 1980 feet Direction: FEL  
 As Drilled Latitude: 39.166000 As Drilled Longitude: -103.572980

GPS Data:  
 Date of Measurement: 05/13/2013 PDOP Reading: 3.1 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) 03/14/2013 13. Date TD: 04/11/2013 14. Date Casing Set or D&A: \_\_\_\_\_

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 6985 TVD\*\* \_\_\_\_\_

18. Elevations GR 5192 KB 5205 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  
 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	305	165	0	305	VISU
1ST	7+7/8	5+1/2	17	0	7,889	280	5,950	7,825	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	4,610	250	2,900	4,610

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	3,110		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	3,604		<input type="checkbox"/>	<input type="checkbox"/>	
CEDAR HILLS	5,206		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	6,601		<input type="checkbox"/>	<input type="checkbox"/>	
TORCH	6,937		<input type="checkbox"/>	<input type="checkbox"/>	
PAWNEE A	6,972		<input type="checkbox"/>	<input type="checkbox"/>	
PAWNEE B	6,990		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	7,148		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	7,582		<input type="checkbox"/>	<input type="checkbox"/>	
KEYES	7,828		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Well plugged and abandoned on 5-8-2013

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 ?	
<b>Attachment Checklist</b>			
400448499	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"/>
400448512	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>Other Attachments</b>			
400447995	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400448470	LAS-IND-DENS-NEU	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400448473	ZIP-DUAL INDUCTION	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)