

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:
400494733

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 05-073-06547-00 6. County: LINCOLN
 7. Well Name: Ma-State Well Number: # 3
 8. Location: QtrQtr: NWSW Section: 24 Township: 10S Range: 56W Meridian: 6
 Footage at surface: Distance: 1981 feet Direction: FSL Distance: 660 feet Direction: FWL
 As Drilled Latitude: 39.162460 As Drilled Longitude: -103.619640

GPS Data:
 Date of Measurement: 09/30/2013 PDOP Reading: 2.2 GPS Instrument Operator's Name: Elijah Frane

** 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: WILDCAT 10. Field Number: 99999
 11. Federal, Indian or State Lease Number: 9370.7

12. Spud Date: (when the 1st bit hit the dirt) 08/15/2013 13. Date TD: 08/28/2013 14. Date Casing Set or D&A: 08/30/2013

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8075 TVD** _____ 17 Plug Back Total Depth MD 7383 TVD** _____

18. Elevations GR 5308 KB 5321 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:
 High Resoulution Induction
 Compensated Density Compensated Neutron Gamma Ray
 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	300	165	0	300	VISU
1ST	7+7/8	5+1/2	17	0	7,383	161	6,000	7,383	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 09/05/2013

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
STAGE TOOL	1ST	4,838	250	2,900	4,838

Details of work:

Port Collar set @ 4838', pump 250 sks cement, top of cement 2900' 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	3,818		<input type="checkbox"/>	<input type="checkbox"/>	
CEDAR HILLS	5,451		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	6,752		<input type="checkbox"/>	<input type="checkbox"/>	
TORCH	7,087		<input type="checkbox"/>	<input type="checkbox"/>	
PAWNEE A	7,117		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	7,186	7,225	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MORROW	7,654		<input type="checkbox"/>	<input type="checkbox"/>	
KEYES	7,804		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Ma-State # 3 is a producing oil well from the Cherokee A formation. Operator requesting all information shown on Form 5 be confidential

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			
400495940	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"/>
400495955	DST Analysis	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400495946	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400495892	LAS-IND-DENS-NEU	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400495897	TIF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400495912	TIF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400495925	PDF-CEMENT BOND	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)