

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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| DE | ET | OE | ES |
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Document Number:
400606421

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 05-073-06577-00 6. County: LINCOLN
 7. Well Name: Ma-State Well Number: # 6
 8. Location: QtrQtr: SWNW Section: 24 Township: 10S Range: 56W Meridian: 6
 Footage at surface: Distance: 1980 feet Direction: FNL Distance: 660 feet Direction: FWL
 As Drilled Latitude: 39.166130 As Drilled Longitude: -103.619620

GPS Data:

Data of Measurement: 05/21/2014 PDOP Reading: 2.1 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) 03/24/2014 13. Date TD: 04/22/2014 14. Date Casing Set or D&A: 04/23/2014

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8060 TVD** _____ 17 Plug Back Total Depth MD 8050 TVD** _____

18. Elevations GR 5301 KB 5316

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:

Radial Cement Bond Log
High resolution Induction Log
Compensated Density Compesated Neutron Gamma Ray 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 | 8,050 | 330 | 5,450 | 8,050 | CBL |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 04/28/2014

| Method used | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| STAGE TOOL | 1ST | 4,765 | 250 | 3,000 | 4,765 |

Details of work:

Set port collar @ 4765' pump 250 sks cement. Run CBL top of cement 3000'

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 | 3,240 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 3,806 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CEDAR HILLS | 5,444 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| LANSING | 6,746 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| TORCH | 7,094 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CHEROKEE | 7,194 | 7,227 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| OSAGE | 7,935 | 7,955 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

Comment:

Ma-State # 6 is a producing oil well from the Osage formation. Operator requesting confidential status for all information on Form 5.

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 | | | |
| 400608134 | 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"/> |
| 400608129 | DST Analysis | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Logs | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400615018 | Other | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Other Attachments | | | |
| 400607600 | LAS-IND-DENS-NEU | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400607627 | TIF-INDUCTION | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400607639 | TIF-DENSITY | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400607643 | PDF-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)