

**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:  
400632357

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: <u>96340</u>	4. Contact Name: <u>Jack Fincham</u>
2. Name of Operator: <u>WIEPKING-FULLERTON ENERGY LLC</u>	Phone: <u>(303) 906-3335</u>
3. Address: <u>4600 S DOWNING ST</u>	Fax: <u>(303) 761-9067</u>
City: <u>ENGLEWOOD</u> State: <u>CO</u> Zip: <u>80113</u>	

5. API Number <u>05-073-06575-00</u>	6. County: <u>LINCOLN</u>
7. Well Name: <u>Big Wampum</u>	Well Number: <u># 4</u>
8. Location: QtrQtr: <u>SWNE</u> Section: <u>23</u> Township: <u>10S</u> Range: <u>56W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>1980</u> feet Direction: <u>FNL</u> Distance: <u>1980</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>39.166130</u> As Drilled Longitude: <u>-103.628920</u>	

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: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 04/01/2014 13. Date TD: 05/12/2014 14. Date Casing Set or D&A: 05/14/2014

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8150 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 8103 TVD\*\* \_\_\_\_\_

18. Elevations GR 5363 KB 5376

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 Resoluton 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	307	175	0	307	VISU
1ST	7+7/8	5+1/2	17	0	8,138	301	5,600	8,138	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	4,860	250	3,600	4,860

Details of work:

Set port collar @ 4860 pump 250 sks cement test to 1500# psi held. Run Cement Bond Log

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	3,335		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	3,902		<input type="checkbox"/>	<input type="checkbox"/>	
CEDAR HILLS	5,525		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	6,820		<input type="checkbox"/>	<input type="checkbox"/>	
TORCH	7,157		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	7,250		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
OSAGE	7,990		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Big Wampum # 4 well is a producing oil well from the Cherokee A formation.

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>			
400632410	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"/>
400634063	DST Analysis	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400635029	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>Other Attachments</b>			
400632386	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400632396	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400633182	LAS-IND-DENS-NEU	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400633184	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400635031	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

## General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)