

**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:  
400651498

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 05-073-06587-00 6. County: LINCOLN  
 7. Well Name: Ma-State Well Number: # 10  
 8. Location: QtrQtr: NESE Section: 24 Township: 10S Range: 56W Meridian: 6  
 Footage at surface: Distance: 1979 feet Direction: FSL Distance: 659 feet Direction: FEL  
 As Drilled Latitude: 39.162390 As Drilled Longitude: -103.605580

GPS Data:  
 Date of Measurement: 07/02/2014 PDOP Reading: 2.8 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: GREAT PLAINS 10. Field Number: 32756  
 11. Federal, Indian or State Lease Number: 9370.7

12. Spud Date: (when the 1st bit hit the dirt) 05/23/2014 13. Date TD: 06/15/2014 14. Date Casing Set or D&A: 06/16/2014

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

16. Total Depth MD 8000 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 7932 TVD\*\* \_\_\_\_\_

18. Elevations GR 5268 KB 5281 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	324	175	0	324	VISU
1ST	7+7/8	5+1/2	17	0	7,995	290	6,500	7,995	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	4,750	250	3,650	4,750

Details of work:

Set port collar @ 4750, pump 250 sks cement. Top of cement 3650 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	3,179		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	3,741		<input type="checkbox"/>	<input type="checkbox"/>	
CEDAR HILLS	5,386		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	6,686		<input type="checkbox"/>	<input type="checkbox"/>	
TORCH	7,029		<input type="checkbox"/>	<input type="checkbox"/>	
PAWNEE B	7,072	7,100	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	7,139		<input type="checkbox"/>	<input type="checkbox"/>	
OSAGE	7,899		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Ma-State # 10 well is a producing oil well from the Osage 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>			
400651551	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"/>
400651683	DST Analysis	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400651559	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>Other Attachments</b>			
400651525	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400651534	PDF-DENSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400651540	LAS-IND-DENS-NEU	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400651549	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)