

FORM 5
Rev 09/14

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:
400729729

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

OGCC Operator Number: 96340 Contact Name: Jack Fincham
Name of Operator: WIEPKING-FULLERTON ENERGY LLC Phone: (303) 906-3335
Address: 4600 S DOWNING ST Fax: (303) 761-9067
City: ENGLEWOOD State: CO Zip: 80113

API Number 05-073-06653-00 County: LINCOLN
Well Name: Big Wampum Well Number: # 10
Location: QtrQtr: NESW Section: 23 Township: 10S Range: 56W Meridian: 6
Footage at surface: Distance: 1980 feet Direction: FSL Distance: 1980 feet Direction: FWL
As Drilled Latitude: 39.162460 As Drilled Longitude: -103.633610

GPS Data:
Date of Measurement: 10/13/2014 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:

Field Name: GREAT PLAINS Field Number: 32756
Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 09/15/2014 Date TD: 10/03/2014 Date Casing Set or D&A: 10/03/2014
Rig Release Date: 10/04/2014 Per Rule 308A.b.

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

Total Depth MD 8025 TVD** Plug Back Total Depth MD 7277 TVD**
Elevations GR 5386 KB 5399 Digital Copies of ALL Logs must be Attached per Rule 308A

List Electric Logs Run:
Compensated Density Compensated Neutron Gamma Ray, High Resolution Induction

CASING, LINER AND CEMENT

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

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date:

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
NIOBRARA	3,374				
CEDAR HILLS	5,571				
LANSING	6,884				
TORCH	7,198	7,222	YES		
PAWNEE A	7,248				
CHEROKEE	7,316	7,354	YES		
KEYES	7,947				

Comment:

Big Wampum # 10 well drilled as dry hole. Well contains surface casing to 300'

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			
400729881	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"/>
400729978	DST Analysis	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400729871	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other Attachments			
400729798	LAS-IND-DENS-NEU	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400729800	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400729838	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400729896	WELLBORE DIAGRAM	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)