

FORM
5Rev
09/14State 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:

400880582

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: 82470

Contact Name: Ty Lunn

Name of Operator: STELBAR OIL CORP INC

Phone: (316) 440-7611

Address: 1625 N WATERFRONT PKWY #200

Fax: (316) 264-0592

City: WICHITA State: KS Zip: 67206-

API Number 05-121-09802-00

County: WASHINGTON

Well Name: PRICE

Well Number: 1-12

Location: QtrQtr: NESE Section: 12 Township: 2S Range: 49W Meridian: 6

Footage at surface: Distance: 1370 feet Direction: FSL Distance: 1230 feet Direction: FEL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** If directional footage at Top of Prod. Zone Dist.: 1370 feet. Direction: FSL Dist.: 1230 feet. Direction: FEL

Sec: 12 Twp: 2S Rng: 49W

** If directional footage at Bottom Hole Dist.: 1370 feet. Direction: FSL Dist.: 1230 feet. Direction: FEL

Sec: 12 Twp: 2S Rng: 49W

Field Name: PRICE RANCH

Field Number: 70610

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 05/24/1982 Date TD: Date Casing Set or D&A:

Rig Release Date: 07/30/2015 Per Rule 308A.b.

Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 2926 TVD** 2926 Plug Back Total Depth MD 2882 TVD** 2926

Elevations GR 4332 KB 4339 Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

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	272	200	0	272	
1ST	7+7/8	4+1/2	10.5	0	2,923	150			

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 07/28/2015

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
PERF & PUMP	1ST	740	295	0	750

Details of work:

7/27/2015 RU welder and weld on Bell Nipple. RU pump. Pressure test csg to 500 psi. HELD. RIH w/ wireline and perf @ 740', 4 spf w/ csg gun. POOH w/ wireline and RD. SWIFN

7/28/2015 MIRU Basic Cement Services. Established circulation w/ 2% KCL, 2.5 Bpm, 400 psi. Pumped 295 sx 60/40 Pozmix cmt w/ 2% CC. Max Pressure = 300 psi. Avg Pressure = 100 psi. Avg rate = 2.5 bpm, Max rate = 4.0 bpm, ISIP = 500 psi. Cmt did circulate to surface. Pressure up on squeeze. HELD. Clean lines. RD Basic Cementers. SWIFN

7/29/2015 RIH with 3-3/4" bit, bit subs, 4 DCs, and 15.13 jts tbq. Tag top of cement @ 592' KB. RU pump and power swivel. Drill out cmt squeeze. Fell through bottom of cement @ 824' KB (22.5 jts). Pressure test to 500 psi. HELD. RD pump and power swivel. POOH with 22.5 jts tbq 4 DCs, bit, bit subs. RU Pioneer & run CBL-GR-CCL from 1000' KB to surface. Good bond on the squeeze. RD Pioneer. RIH with retrieving head, SN and 80 jts tbq. SWIFN.

7/30/2015 RIH with 6 jts tbq. Circulate sand off RBP. RU tbq swab. Swab well down to 2300' FS. RD tbq swab. Retrieve RBP, POOH and lay down work string 86 jts tbq, SN, retrieve head, RBP. RIH w/ SN, 85 old 2-3/8" jts tbq, 2 new 2-3/8" jts tbq. (87 total jts.). Landed tbq @ 2798' KB. RU tbq swab. Swab well to SN. RD tbq swab. Plumb in wellhead. RDMO Excell rig. Place well on production on 7/31/15 @ 7:00am. Will move to State Komatz #1-36 on 8/10/15.

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	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Ty Lunn

Title: Engineer

Date: _____

Email: tlunn@stelbar.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400880597	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"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400880595	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400880596	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)