

FORM 5

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



Table with 4 columns: DE, ET, OE, ES

Document Number:

2331907

Date Received:

08/18/2011

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.

Completion Type [X] Final completion [] Preliminary completion

1. OGCC Operator Number: 100136 4. Contact Name: KENNETH WHITE
2. Name of Operator: WHITE* KENNETH S Phone: (316) 682-6300
3. Address: 2400 N WOODLAWN STE 115 Fax: (316) 682-6307
City: WICHITA State: KS Zip: 67220

5. API Number 05-017-07621-00 6. County: CHEYENNE
7. Well Name: HAIR-SNODGRASS Well Number: 1
8. Location: QtrQtr: SWNE Section: 14 Township: 15S Range: 45W Meridian: 6
Footage at surface: Distance: 2480 feet Direction: FNL Distance: 1380 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.: feet. Direction:
Sec: Twp: Rng:
** If directional footage at Bottom Hole 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) 04/14/2003 13. Date TD: 04/28/2003 14. Date Casing Set or D&A: 04/29/2003

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

16. Total Depth MD 5594 TVD** 17 Plug Back Total Depth MD TVD**

18. Elevations GR 4356 KB 4366
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 NEUTRON, DUAL INDUCTION MICROLOG, SONIC LOG

20. Casing, Liner and Cement:

CASING

Table with 10 columns: Casing Type, Size of Hole, Size of Casing, Wt/Ft, Csg/Liner Top, Setting Depth, Sacks Cmt, Cmt Top, Cmt Bot, Status

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date:

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

Details of work:

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	
STONE CORRAL	3,021	3,058	<input type="checkbox"/>	<input type="checkbox"/>	
SHAWNEE	4,073		<input type="checkbox"/>	<input type="checkbox"/>	
LANSING	4,324		<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	4,817		<input type="checkbox"/>	<input type="checkbox"/>	
ATOKA	4,958		<input type="checkbox"/>	<input type="checkbox"/>	
MORROW	5,087		<input type="checkbox"/>	<input type="checkbox"/>	
MISSISSIPPIAN-ST LOUIS	5,242		<input type="checkbox"/>	<input type="checkbox"/>	
MISSISSIPPIAN-SPERGEN	5,359		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
MISSISSIPPIAN-OSAGE-WARSAW	5,486		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
ST JOE	5,546		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: _____ Print Name: KENNETH S WHITE

Title: OPERATOR Date: 8/17/2011 Email: NONE@GIVEN.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2331908	DST Analysis	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
2331906	CORRESPONDENCE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2331907	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	No as-drilled GPS required - plugged before policy date. (NKP, JS email 3/28)	4/25/2012 10:12:19 AM
Engineer	Surface casing cement ticket scanned together with Form 5 - OK	3/23/2012 11:53:34 AM

Total: 2 comment(s)