

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:

400880155

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 05-121-09595-00

County: WASHINGTON

Well Name: PRICE-CLAYPOOL

Well Number: 6

Location: QtrQtr: NWNE Section: 8 Township: 2S Range: 49W Meridian: 6

Footage at surface: Distance: 900 feet Direction: FNL Distance: 2000 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.: 900 feet. Direction: FNL Dist.: 2000 feet. Direction: FEL

Sec: 8 Twp: 2S Rng: 49W

** If directional footage at Bottom Hole Dist.: 900 feet. Direction: FNL Dist.: 2000 feet. Direction: FEL

Sec: 8 Twp: 2S Rng: 49W

Field Name: DE NOVA

Field Number: 16450

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 12/31/1980 Date TD: Date Casing Set or D&A:

Rig Release Date: 07/22/2015 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 3018 TVD** 3018 Plug Back Total Depth MD 2946 TVD** 3018

Elevations GR 4383 KB 4389 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	287	210	0	210	VISU
1ST	7+7/8	4+1/2	10.5	0	3,015	150		3,015	

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 08/21/2015

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	1,665	75	1,665	1,717
SQUEEZE	1ST	745	225	140	745

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	

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 ?
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Attachment Checklist

400880558	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"/>

Other Attachments

400880556	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400880574	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group **Comment** **Comment Date**

Total: 0 comment(s)