

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



Document Number:

400880582

Date Received:

08/06/2015

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

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.: 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: 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** Plug Back Total Depth MD 2882 TVD**

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 tbg. 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 tbg 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 tbg. SWIFN.

7/30/2015 RIH with 6 jts tbg. Circulate sand off RBP. RU tbg swab. Swab well down to 2300' FS. RD tbg swab. Retrieve RBP, POOH and lay down work string 86 jts tbg, SN, retrieve head, RBP. RIH w/ SN, 85 old 2-3/8" jts tbg, 2 new 2-3/8" jts tbg. (87 total jts.). Landed tbg @ 2798' KB. RU tbg swab. Swab well to SN. RD tbg 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	

Operator Comments

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: 8/6/2015 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>			
400880582	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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)