



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1046387

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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meter
7/13/10

Avery Lumber
 P.O. BOX 66
 MOUND CITY, KS 66056
 (913) 795-2210 FAX (913) 795-2194

Merchant Copy
INVOICE
 THIS COPY MUST REMAIN AT
 MERCHANT AT ALL TIMES!

Page: 1 Invoice: **10021923**

Special : 913-837-4159 Time: 12:06:44
 Instructions : Ship Date: 07/13/10
 Invoice Date: 07/16/10
 Sale rep #: MAVERY MIKE Acct rep code: Due Date: 08/05/10

Sold To: BOBCAT OILFIELD SRVC,INC Ship To: BOBCAT OILFIELD SRVC,INC
 C/O BOB EBERHART (913) 837-2823
 30805 COLDWATER RD (913) 837-2823
 LOUISBURG, KS 68053

Customer #: 3570021 Customer PO: Order By:

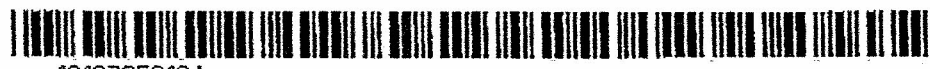
ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
280.00	280.00	L	BAG	CPPC	PORTLAND CEMENT	7.1000 BAG	7.1000	1988.00
240.00	240.00	L	BAG	CPPM	POST SET FLY ASH 75#	5.1000 BAG	5.1000	1224.00
14.00	14.00	L	EA	CPQP	QUIKRETE PALLETS	17.0000 EA	17.0000	238.00

INVOICE

OKRE

FILLED BY		CHECKED BY		DATE SHIPPED	DRIVER	Sales total	\$3450.00
SHIP VIA		MIAMI COUNTY		RECEIVED COMPLETE AND IN GOOD CONDITION		Freight	100.00
X						Taxable	3550.00
						Non-taxable	0.00
						Tax #	
						Misc + Frgt	100.00
						Sales tax	268.03
TOTAL							\$3818.03

1 - Merchant Copy



Lease :	schendel	
Owner:	Bobcat Oilfield Services Inc.	
OPR #:	3895	
Contractor:	DALE JACKSON PRODUCTION CO.	
OPR #:	4339	
Surface:	Cemented:	Hole Size:
20FT, 6IN	5 SACKS	8 3/4
Longstring	Cemented:	Hole Size:
713' 2 7/8	90	5 5/8

hydrill

Dale Jackson Production Co.
 Box 266, Mound City, Ks 66056
 Cell # 620-363-2683
 Office # 913-795-2991

Well #: 5-10
Location: SE NE NW S24 T16 R21
County: Miami
FSL: 4200
FEL: 2980
API#: 15-121-28793-00-00
Started: 8-13-2010
Completed: 8-17-2010

SN:	Packer:
NONE	
Plugged:	Bottom Plug:

TD: 722

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
1	1	Top soil	22	669	Shale
11	12	Clay	.3	672	Oil sand (very shaley)(fair bleed)
8	16	Lime	2.5	674.5	Oil sand (some shale)(good bleed)
5	21	Black shale	1	675.5	Shale (fracture)(water)(some oil sand0
14	35	Lime	4.5	680	Oil sand (fair bleed)(some shale)
7	42	Sand (dry)	1	681	Sandy shale(oil sand str.)
3	45	Shale	3	684	Oil sand (shaley)(fair bleed)
16	61	Lime	4	688	Shale (oil sand str.)
10	71	Shale	7	695	Sandy shale
2	73	Red bed	TD	722	shale
15	88	Shale			
17	105	Lime			
27	132	Sandy shale			
63	195	Shale			
20	215	Lime			
11	276	Shale			
7	232	Sand (dry)			
12	244	Shale			
8	252	Lime			
21	273	Shale			
12	285	Sand (dry)			
8	293	Lime			
22	315	Shale			
27	342	Lime			
7	349	Black shale			
22	371	Lime			
4	375	Black shale			
12	387	Lime			
26	413	Shale			
3	417	Sand (dry0			
71	487	Shale			
14	501	Sandy shale (oil show)			
55	556	Shale			
6	562	Lime			
20	582	Shale			
4	586	Coal			
5	591	Shale			
8	599	Lime (shaley)			
1	600	Shale			
2	602	Oil sand (shaley) (poor bleed)			
13	615	Shale			
4	619	Lime			
1	620	Coal			
6	626	Shale			
5	631	Lime			
11	642	Shale (limey)			
5	647	lime			