



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
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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: \_\_\_\_\_



1047821

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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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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# Avery Lumber

P.O. BOX 66  
MOUND CITY, KS 66056  
{913} 795-2210 FAX {913} 795-2194

Customer Copy  
**INVOICE**  
PLEASE REFER TO INVOICE NUMBER  
ON ALL CORRESPONDENCE

Page: 1		Invoice: <b>10025287</b>	
Special :		Time:	13:42:44
Instructions :		Ship Date:	10/26/10
		Invoice Date:	10/26/10
Sale rep #: MAVERY MIKE	Acct rep code:	Due Date:	12/05/10
Sold To: BOBCAT OILFIELD SRVC,INC C/O BOB EBERHART 30806 COLDWATER RD LOUISBURG, KS 66053		Ship To: BOBCAT OILFIELD SRVC,INC (913) 837-2823  (913) 837-2823	
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	7.9900 BAG	7.9800	2237.20
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

*ordered by Terry  
Direct Delivery to Lacy's  
Harvey*

*AI 115*

# INVOICE

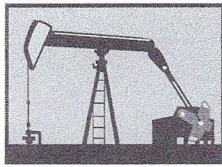
	FILLED BY _____ CHECKED BY _____ DATE SHIPPED _____ DRIVER _____ SHIP VIA LINN COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION _____ X	Taxable 3699.20 Non-taxable 0.00 Tax #	Sales total \$3699.20  Sales tax 233.05
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**TOTAL \$3932.25**

**2 - Customer Copy**







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



# Core Run # 1

Lease :	HARVEY
Owner:	BOBCAT OILFIELD SERVICES, INC.
OPR #:	3895
Contractor:	DALE JACKSON PRODUCTION CO.
OPR #:	4339

Well #: A-1
Location: NW-NW-SW-SE, S:5, T:20, S.R.: 23 E
County: LINN
FSL: <del>1300</del> 1309
FEL: <del>2620</del> 2640
API#: 15-107-24256-00-00
Started: 11-4-10
Completed: 11-5-10

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	273		-----		
1	274		2	OIL SAND (SOME SHALE) (OIL AND WATER FAIR BLEED)	274.5
2	275		1.5	OIL SAND (SHALEY) (FRACTOR) (WATER) (POOR BLEED)	275
3	276		1	OIL SAND SOME SHALE (OIL AND WATER) (GOOD BLEED)	276
4	277		1.5		
5	278		1.5		
6	279		1		
7	280		1.5		
8	281		1.5	OIL SAND (LIMEY) (HEAVY BLEED)	281
				LIME	281.5
9	282		2		
10	283		1.5		
11	284		1.5		
12	285		1.5	OIL SAND (SOME SHALE) (HEAVY BLEED)	285.5
13	286		1		
14	287		1.5		
15	288		1.5		
16	289		1.5		
17	290		1.5	OIL SAND (SHALEY) (HEAVY BLEED)	290.5
18	291		1.5		
19	292		1.5		
20	293		2	SANDY SHALE (SOME OIL SAND STKS) (FAIR BLEED)	

Lease :	HARVEY	
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:
338' 2 7/8"	50	5 5/8

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



Well #: A-1
Location: NW-NW-SW-SE, S:5, T:20, S.R.: 23 E
County: LINN
FSL: 1300-1309
FEL: 2620-2640
API#: 15-107-24256-00-00
Started: 11-4-10
Completed: 11-5-10

## Well Log

SN: NONE	Packer:	TD: 342'
Plugged:	Bottom Plug:	

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
1	1	TOP SOIL			SURFACE: 11-4-10 SET TIME: 3:00 P.M. CALLED: 12:00 P.M. -RUSSELL  LONGSTRING: 338' 2 7/8 HYDRILL TD: 342'- 11-5-10 SET TIME: 3:00 P.M CALLED 1:00 P.M. - BECKY
20	21	LIME			
5	26	SHALE			
6	32	BLACK SHALE			
15	47	LIME			
2	49	SHALE			
2	51	BLACK SHALE			
14	65	LIME (SHALEY) (GAS AND WATER FLOW)			
10	75	SHALE (LIMEY)			
37	112	SHALE			
10	122	SANDY SHALE			
93	215	SHALE			
1	216	BLACK SHALE			
8	224	SHALE			
6	230	LIME			
25	255	SHALE			
6	261	LIME (OIL SHOW)			
3	265	SHALE			
1	266	OIL SAND (SHALEY) (WATER) (SOME OIL ) (POOR BLEED)			
2	268	OIL SAND (SOME SHALE) (WATER) (SOME OIL) (POOR BLEED)			
1	269	OIL SAND (SHALEY) (OIL AND WATER) (FAIR BLEED)			
2	271	OIL SAND (SOME SHALE) (WATER) (SOME OIL) (POOR BLEED)			
3.5	274.5	OIL SAND (OIL SAND WATER) (FAIR BLEED) (SOME SHALE)			
.5	275	OIL SAND (FRACTOR) (SHALEY) (WATER) (POOR BLEED)			
1	276	OIL SAND (SOME SHALE) (OIL SAND WATER) (GOOD BLEED)			
5	281	OIL SAND (LIMEY) (HEAVEY BLEED)			
.5	281.5	LIME			
4	285.5	OIL SAND (SOME SHALE) (HEAVY BLEED)			
5	290.5	OIL SAND (SHALEY) (HEAVY BLEED)			
2.5	293	SANDY SHALE (SOME OIL SAND STKS) (FAIR BLEED)			
2	295	OIL SAND (SHALEY) (FAIR BLEED)			
4	299	OIL SAND (GOOD BLEED)			
2	301	SHALE (OIL SAND STKS) (POOR BLEED)			
11	312	SHALE			
2	314	COAL			
6	320	SHALE			
6	326	LIME			
8	334	SHALE (LIMEY)			
6	340	SHALE			
TD	342	LIME			