



**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: \_\_\_\_\_



1047882

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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

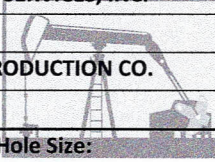
TUBING RECORD:      Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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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		5 5/8
HYDRILL		



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

working copy

Well #: C-4
Location: -NE-SW-SE, S:5, T:20,S.R.:23, E
County: LINN
FSL: 990-998
FEL: 1650-1658
API#: 15-107-24251-00-00
Started: 10-25-10
Completed: 10-26-10

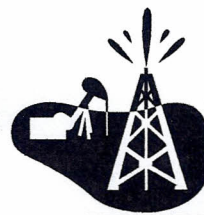
SN: NONE	Packer:	TD: 342'
Plugged:	Bottom Plug:	

## Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
1	1	TOP SOIL			SURFACE SET TIME 4:00P.M. - 10-25-10 CALLED- 12:00P.M. - MIKE
1	2	CLAY			
29	31	LIM E			LONGSTRING- 338; 2 7/8 HYDRILL TD-342'- JUDY SET TIME- 2:30P.M. CALLED- 1:15 P.M. - 10-26-10
4	35	SHALE			
4	39	BLACK SHALE			
21	60	LIM E			
4	64	BLACK SHALE			
14	78	LIME (SHALEY)			
1	79	BLACK SHALE			
10	89	SHALE (LIMEY)			
20	119	SHALE			
12	131	SANDY SHALE (DRY SAND STK)			
94	225	SHALE			
1	256	BLACK SHALE			
10	236	SHALE			
6	242	SANDY SHALE (LIMEY)			
23	265	SHALE			
8	273	LIME			
1	274	SHALE			
2	276	LIGHT SHALE (OIL SAND STK)			
5.5	281.5	OIL SAND (POOR BLEED) (WATER)			
.5	282	LIME			
.5	282.5	OIL SAND (LIMEY) (WATER)			
3.5	286	OIL SAND (SOME SHALE) (WATER) (VERY LITTLE OIL)			
.5	286.5	OIL SAND (SHALEY) (FRACTOR) (WATER)			
1.5	288	OIL SAND (OIL WATER) (SOME SHALE) (FAIR BLEED)			
2	290	OIL SAND (OIL AND WATER) (SOME SHALE) (GOOD BLEED)			
3	293	OIL SAND (SOME SHALE) (GOOD BLEED)			
1.5	294.5	OIL SAND (LIMEY) (GOOD BLEED)			
2.5	297	SANDY SHALE (SOME OIL SAND STK) (POOR BLEED)			
1	298	OIL SAND (SHALEY) (GOOD BLEED)			
2	300	OIL SAND (SOME SHALE) (GOOD BLEED)			
4	304	SHALE (SOME OIL SAND STK) (POOR BLEED)			
3	307	OIL SAND (GOOD BLEED)			
13	320	SHALE			
1	321	COAL			
1	322	SHALE			
2	324	COAL			
6	330	SHALE			
5	335	LIME			
TD	342	SHALE			



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 #: C-4 <i>AW</i>
Location: -NE-SW-SE, S:5, T:20,S.R.:23, E
County: LINN
FSL: 990 <i>998</i>
FEL: 1650 <i>1658</i>
API#: 15-107-24251-00-00
Started: 10-25-10
Completed: 10-26-10

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	282		-----	OIL SAND (LIMEY) (WATER)	282.5
1	283		1		
2	284		1		
3	285		1		
4	286		1	OIL SAND (SOME SHALE) (WATER) (VERY LITTLE OIL)	286
				OIL SAND (SHALEY) (FRACTOR) (WATER AND SOME OIL)	286.5
5	287		1		
6	288		1	OIL SAND (OIL SAND WATER) (SOME SHALE GOOD BLEED)	288
7	289		1		
8	290		1	OIL SAND (OIL WATER) (SOME SHALE GOOD BLEED)	290
9	291		2.5		
10	292		1		
11	293		1	OIL SAND (SOME SHALE) (GOOD BLEED)	293
12	294		1.5	OIL SAND (LIMEY) (GOOD BLEED)	294.5
13	295		1.5		
14	296		1.5		
15	297		1.5	SANDY SHALE (SOME OIL SAND STK) (POOR BLEED)	297
16	298		1	OIL SAND (SHALEY) (GOOD BLEED)	298
17	299		1.5		
18	300		1	OIL SAND (SOME SHALE) (GOOD BLEED)	300
19	301		2		
20	302			SAHLE (SOME OIL SAND STK) (POOR BLEED)	

# 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 :		Shlp 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 30805 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*  
*04/1*

# INVOICE

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

**2 - Customer Copy**

