



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: _____



1053952

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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Lease :	HARVEY	
Owner:	BOBCAT OILFIELD SERVICES	
OPR #:	3895	
Contractor:	DALE JACKSON PRODUCTION CO.	
OPR #:	4339	
Surface:	Cemented:	Hole Size:
20FT, 6IN	5 SACKS	8 3/4
Longstring	Cemented:	Hole Size:
340	50	5 5/8

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



Well #: H6
Location: SE,SW,SE,SE,S5,T20,SR23,E
County: LINN
FSL: 165 178
FEL: 825 833
API#: 15-107-24245
Started: 2-21-11
Completed: 2-22-11

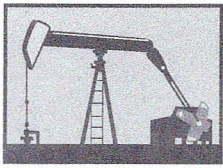
SN: 277	Packer:	TD: 345'
Plugged:	Bottom Plug:	

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
2	2	TOPSOIL			
26	28	LIME			
4	32	SHALE			
4	36	BLACKSHALE			
20	56	LIME			
4	60	BLACKSHALE			
15	75	LIME (SHALEY)			
1	76	BLACKSHALE			
10	86	SANDY SHALE			
31	117	SHALE			
22	139	SANDY SHALE (DRY SAND)			
96	235	SHALE			
6	241	LIME			
21	262	SHALE			
11	273	LIME			
3	276	SHALE			
1.5	277.5	SANDY SHALE (OIL SAND STK)			
2.5	280	OIL SAND (VERY SHALEY) (POOR BLEED) (SOME WATER)			
1	281	SANDY SHALE (SOME OIL SAND STREAKS)(POOR BLEED)			
3.5	284.5	OIL SAND (GOOD BLEED) (SOME SHALE)			
1	285.5	OIL SAND (WATER & SOME OIL) (GOOD BLEED)			
1	286.5	LIME			
5.5	292	OIL SAND (WATER & SOME OIL)(GOOD BLEED)			
2.5	294	OIL SAND (OIL & SOME WATER) (GOOD BLEED)			
1.5	296	OIL SAND (HEAVY BLEED) (SOME SHALE)			
2	298	OIL SAND (SHALEY) (GOOD BLEED)			
1.5	209.5	OIL SAND (HEAVY BLEED) (SOME SHALE)			
1.5	301	SANDY SHALE(SOME OIL SAND STREAKS) (POOR BLEED)			
2	303	OIL SAND (SHALEY) (FAIR BLEED)			
3	306	SANDY SHALE (OIL SAND STK)			
3	309	OIL SAND (SHALEY) (POOR BLEED)			
13	322	SHALE			
3	325	BLACKSHALE			
4	329	SHALE			
11	340	LIME			
TD	346	SHALE			

SURFACE: 2-21-11
SET TIME: 4:30 P. M. - JUDY
CALLED: 1:45 P.M.

LONGSTRING: 340' 2 7/8 8RD
TD: 345'
SET TIME: 2:00 P.M. 2-22-11- LARRY
CALLED: 12:45 P.M.



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

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

Core Run #1

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	280		-----		
				SANDY SHALE (SOME OIL SAND STREAKS) (POOR BLEED)	281
1	281		1.5		
2	282		1	OIL SAND (GOOD BLEED) (SOME SHALE)	
3	283		1.5		
4	284		1		284.5
5	285		1.5	OIL SAND (WATER & SOME OIL) (GOOD BLEED)	285.5
6	286		2.5	LIME	286.5
7	287		3		
8	288		1.5		
9	289		1	OIL SAND (WATER & SOME OIL) (GOOD BLEED)	
10	290		1		
11	291		1		292
12	292		1.5	OIL SAND (OIL & SOME WATER) (GOOD BLEED)	294.5
13	293		1.5		
14	294		1.5		
15	295		1.5	OIL SAND (HEAVY BLEED) (SOME SHALE	296
16	296		1.5	OIL SAND (HEAVY BLEED) (SOME SHALE)	
17	297		1.5		
18	298		1.5	SANDY SHALE (SOME OIL SAND STREAKS) (POOR BLEED)	
19	299		1.5		
20	300		1.5		

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: 10027491	
Special :		Time:	10:31:23
Instructions :		Ship Date:	01/04/11
		Invoice Date:	01/07/11
Sale rep #:	MAVERY MIKE	Acct rap code:	Due Date: 02/05/11
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	
Customer #: 3570021		Customer PO:	Order By:

peplmg01

5TH
T 26

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
245.00	245.00	L	BAG	CPPC	PORTLAND CEMENT	7.9900 BAG	7.9900	1957.55
280.00	280.00	L	BAG	CPPM	POST SET FLY ASH 75#	5.1000 BAG	5.1000	1428.00
14.00	14.00	L	EA	CPQP	QUIKRETE PALLETS	17.0000 EA	17.0000	238.00

Harvey H-6

INVOICE

DIRECT DELIVERY
ORDERED BY *TERRY*

	FILLED BY _____ CHECKED BY _____ DATE SHIPPED _____ DRIVER _____ SHIP VIA LINN COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION X	Taxable 3623.55 Non-taxable 0.00 Tax # _____	Sales total \$3623.55 Sales tax 228.28 TOTAL \$3851.83
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1 - Merchant Copy

