



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



1054628

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:	NORTH EAST BAKER	
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:
335' 2 7/8	50	5 5/8
HYDRILL		

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

Well #: G-10
Location: SW,NW,SE,S5,T20,SR23,E
County: LINN
FSL: 1,650 1687
FEL: 2,310 2315
API#: 15-107-24383-00-00
Started: 3-18-11
Completed: 3-21-11

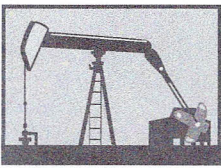
SN: NONE	Packer:	TD: 340'
Plugged:	Bottom Plug:	

## Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
1	1	TOPSOIL			
27	28	LIME			
5	33	SHALE			
4	37	BLACKSHALE			
70	57	LIME			
4	61	BLACKSHALE			
13	74	LIME BLACKSHALE (GAS)(FLOW)			
1	75	BLACKSHALE (GAS)(FLOW)			
10	85	SHALE (LIMEY) - (GAS) (FLOW)			
33	118	SHALE			
14	132	SANDY SHALE (DRY SAND)			
1	226	BLACKSHALE			
6	232	SHALE			
7	239	LIME			
70	259	SHALE			
11	270	LIME			
1.5	271.5	SANDY SHALE			
3.5	275	OIL SAND (SHALEY)(POOR BLEED)(WATER)			
3	278	OIL SAND (SHALEY)(POOR BLEED)(WATER)			
6	284	OIL SAND (FAIR BLEED)(SOME WATER)			
4.5	288.5	OIL SAND (SOME SHALE)(GOOD BLEED)			
.5	284	LIME			
3	292	OIL SAND (HEAVY BLEED)(SOME SHALE)			
1.5	293.5	OIL SAND (SHALEY)(GOOD BLEED)			
1.5	295	SANDY SHALE (SOME OIL SAND STREAKS)(POOR BLEED)			
3.5	298.5	OIL SAND (SHALEY)(GOOD BLEED)			
1.5	300	SANDY SHALE (SOME OIL SAND STEAKS) (POOR BLEED)			
1	301	OIL SAND (SHALEY)(GOOD BLEED)			
3	309	OIL SAND (SOME SHALE) (GOOD BLEED)			
1	305	DRY SAND (ODOR)			
14	319	SHALE			
2	321	COAL			
3	324	SHALE			
10	334	LIME			
TD	340	SHALE			

SURFACE: 3-18-11 -ALAN  
SET TIME: 3:30 P.M.  
CALLED: 12:30 P.M.

LONGSTRING: 335' 2 7/8 HYDRILL  
TD: 340'  
SET TIME: 2:00 P.M. 3-21-11-JUDY  
CALLED: 12:30 P.M.



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

Well #: G-10 <i>NE,</i>
Location: SW,NW,SE,S5,T20,SR23,E
County: LINN
FSL: 1,650 <i>1687</i>
FEL: <del>2,310</del> <i>2315</i>
API#: 15-107-24383-00-00
Started: 3-18-11
Completed: 3-21-11

Lease :	NORTH EAST BAKER
Owner:	BOBCAT OILFIELD SERVICES INC.
OPR #:	3895
Contractor:	DALE JACKSON PRODUCTION CO.
OPR #:	4339

# Core Run #1

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	280		-----		
1	281		.5		
2	282		1	OIL SAND (OIL & WATER) (FAIR BLEED)	
3	283		1		284
4	284		1		
5	285		1		
6	286		1.5	OIL SAND (SOME SHALE) (GOOD BLEED)	
7	287		1		
8	288		1		288.5
9	289		2	LIME	289
10	290		1.5	OIL SAND (HEAVY BLEED) (SOME SHALE)	
11	291		1.5		292
12	292		1	OIL SAND (SHALEY)(GOOD BLEED)	
13	293		2		293.5
14	294		1.5	SANDY SHALE (SOME OIL SAND STEAKS) (POOR BLEED)	
15	295		2		295
16	296		1.5	OIL SAND (SHALEY) (GOOD BLEED)	
17	297		1.5		
18	298		1.5		298.5
19	299		2.5	SANDY SHALE (SOME OIL SAND STREAKS)(POOR BLEED)	
20	300		2.5		
			.5	OIL SAND (SHALEY)(GOOD 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>10029149</b>	
Special :		Time:	12:23:42
Instructions :		Ship Date:	03/17/11
		Invoice Date:	03/21/11
Sale rep #:	MAVERY MIKE	Acct rep code:	
		Due Date:	04/05/11
Sold To: <b>BOBCAT OILFIELD SRVC, INC</b> C/O BOB EBERHART 30805 COLDWATER RD LOUISBURG, KS 66053		Ship To: <b>BOBCAT OILFIELD SRVC, INC</b> (913) 837-2823  (913) 837-2823	
Customer #:	3570021	Customer PO:	
		Order By:	TERRY

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
315.00	315.00	L	BAG	CPPC	PORTLAND CEMENT	7.9900 BAG	7.9900	2516.85
200.00	200.00	L	BAG	CPPM	POST SET FLY ASH 75#	5.1000 BAG	5.1000	1020.00
14.00	14.00	L	EA	CPQP	QUIKRETE PALLETS	17.0000 EA	17.0000	238.00

5TH  
T 27

ppp/mg01

NE Baker  
G-10

DIRECT DELIVERY - 3.21.11  
ORDERED BY TERRY

913-837-4155

INVOICE

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">FILLED BY</td> <td style="width: 25%;">CHECKED BY</td> <td style="width: 25%;">DATE SHIPPED</td> <td style="width: 25%;">DRIVER</td> </tr> <tr> <td colspan="4">SHIP VIA LINN COUNTY</td> </tr> <tr> <td colspan="4" style="text-align: center;">RECEIVED COMPLETE AND IN GOOD CONDITION</td> </tr> <tr> <td colspan="4" style="text-align: center;">X</td> </tr> </table>	FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER	SHIP VIA LINN COUNTY				RECEIVED COMPLETE AND IN GOOD CONDITION				X				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Sales total</td> <td style="width: 50%;">\$3774.85</td> </tr> <tr> <td>Taxable</td> <td>3774.85</td> </tr> <tr> <td>Non-taxable</td> <td>0.00</td> </tr> <tr> <td>Sales tax</td> <td>237.82</td> </tr> <tr> <td><b>TOTAL</b></td> <td><b>\$4012.67</b></td> </tr> </table>	Sales total	\$3774.85	Taxable	3774.85	Non-taxable	0.00	Sales tax	237.82	<b>TOTAL</b>	<b>\$4012.67</b>
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2 - Customer Copy

