



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: _____



1054635

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:
340' 2 7/8	50	5 5/8
8RD		

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

Well #: G-12
Location: SE,NW,SE,S5,T20,SR23,E
County: LINN
FSL: 1,650 1684
FEL: 1,650 1656
API#: 15-107-24385-00-00
Started: 3-22-11
Completed: 3-23-11

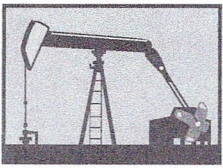
SN: NONE	Packer:	TD: 345
Plugged:	Bottom Plug:	

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
1	1	TOPSOIL			
17	18	LIME			
1	19	CLAY (LOST CRUCLATION)			
2	21	LIME			
4	25	SHALE			
3	28	BLACKSHALE			
22	50	LIME			
4	54	BLACKSHALE			
17	66	LIME			
1	67	BLACKSHALE (GAS)			
3	70	SHALE			
8	78	SANDY SHALE (LIMEY)			
32	110	SHALE			
24	134	SANDY SHALE (DRY SAND)			
85	219	SHALE			
1	220	BLACKSHALE			
8	228	SHALE			
6	234	LIME			
18	252	SHALE			
13	265	LIME			
3	268	SHALE			
2	270	SANDY SHALE (OIL SAND STK)			
1	271	OIL SAND (SHALEY) (FAIR BLEED)(WATER)			
3	274	OIL SAND (SOME SHALE) (FAIR BLEED)			
5	279	OIL SAND (GOOD BLEED)			
1	280	LIME			
1	281	OIL SAND (GOOD BLEED)			
7	288	OIL SAND (SHALEY) (GOOD BLEED)			
2	290	SANDY SHALE (SOME OIL SAND STREAKS) (POOR BLEED)			
1	291	OIL SAND (SHALEY) (GOOD BLEED)			
1.5	292.5	SANDY SHALE			
1	293.5	OIL SAND (SHALEY) (FAIR BLEED)			
3	296.5	SANDY SHALE			
2	298.5	OIL SAND (SHALEY) (FAIR BLEED)			
3	301.5	OIL SAND (GOOD BLEED) Q			
8.5	310	SHALE			
2	312	COAL			
6	318	SHALE			
11	329	LIME			
9	338	SHALE			
TD	345	LIME			

SURFACE: 3-22-11- RYAN
 SET TIME: 4:00 P.M.
 CALLED: 12:15 P.M.

LONGSTRING 341' 2 7/8 8RD PIPE
 TD: 345'
 SET TIME: 2:00 P.M. 3-23-11- BECKY
 CALLED: 12:30 P.M.



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 Box 266, Mound City, Ks 66056
 Cell # 620-363-2683
 Office # 913-795-2991

Well #: G-12
Location: SE,NW,SE,S5,T20,SR23,E
County: LINN
FSL: 1,650 <i>1684</i>
FEL: 1,650 <i>1656</i>
API#: 15-107-24385-00-00
Started: 3-22-11
Completed: 3-23-11

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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		-----		
				OIL SAND (GOOD BLEED)	281
1	281		.5		
2	282		1		
3	283		1.5		
4	284		1	OIL SAND (SHALEY) (GOOD BLEED)	
5	285		1.5		
6	286		1		
7	287		1.5		
8	288		1		288
9	289		2.5	SANDY SHALE (SOME OIL SAND STREAKS) (POOR BLEED)	
					290
10	290		1.5	OIL SAND (SHALEY) (GOOD BLEED)	
					291
11	291		2	SANDY SHALE	
12	292		3		292.5
13	293		2.5	OIL SAND (SHALEY) (FAIR BLEED)	
					293.5
14	294		1	SANDY SHALE	
15	295		1.5		
16	296		2		296.5
17	297		2	OIL SAND (SHALEY) (FAIR BLEED)	
18	298		1.5		298.5
				OIL SAND (GOOD BLEED)	
19	299		1.5		
20	300		1		

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: 10029149	
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: 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: 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

*NE Baker
G-12*

**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>Sales total</td> <td style="text-align: right;">\$3774.85</td> </tr> <tr> <td>Taxable</td> <td style="text-align: right;">3774.85</td> </tr> <tr> <td>Non-taxable</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Sales tax</td> <td style="text-align: right;">237.82</td> </tr> <tr> <td colspan="2" style="text-align: right;">TOTAL \$4012.67</td> </tr> </table>	Sales total	\$3774.85	Taxable	3774.85	Non-taxable	0.00	Sales tax	237.82	TOTAL \$4012.67	
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2 - Customer Copy

