



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



1065974

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
---	---

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
-----------------------------------	-----------	---------	-------------	---------------	---------

<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> _____ _____
--	--	---

Lease:	NORTH 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:
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 #: C-5
Location: <del>SW</del> N2, N2, SW, S:5, T:20, S.R.:23, E
County: LINN
FSL: 2310 2297
FEL: 3960 3952
API#: 15-107-24483-00-00
Started: 9-8-11
Completed: 9-9-11

SN:	Packer:	TD: 340
Plugged:	Bottom Plug:	

## Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
1	1	TOP SOIL	10	335	SHALE
14	15	LIME	4	339	LIME
5	20	SHALE	TD	340	BLACK SHALE
3	23	BLACK SHALE			
4	27	SHALE			
18	45	LIME			
4	49	SHALE			
1	50	BLACK SHALE			
3	53	LIME			
5	58	SHALE			
4	62	LIME			
1	63	BLACK SHALE			
7	70	SHALE (LIMEY)			
139	209	SHALE			
1	210	BLACK SHALE			
13	223	SHALE			
6	229	LIME			
20	249	SHALE (LIMEY)			
11	260	LIME			
4	264	SHALE			
8	272	SANDY SHALE (OIL SAND STRKS) (FAIR BLEED)			
7	279	SANDY SHALE (SOME SAND STRKS) (POOR BLEED)			
0.5	279.5	OIL SAND (SHALEY) (FAIR BLEED)			
0.5	280	OIL SAND (FRACTORED) (FAIR BLEED)			
1.5	281.5	OIL SAND (SOME SHALE) (FAIR BLEED)			
0.5	282	OIL SAND (FRACTORED) (GOOD BLEED) (LOT OF GAS)			
1	283	OIL SAND (GOOD BLEED)			
1	284	OIL SAND (FRACTORED) (GOOD BLEED) (LOT OF GAS)			
0.5	284.5	OIL SAND (GOOD BLEED)			
1	285.5	OIL SAND (SHALEY) (GOOD BLEED)			
0.5	286	SHALE			
8	294	OIL SAND (SHLAEY) (GOOD BLEED)			
3	297	OIL SAND (SOME SHALE) (GOOD BLEED)			
3	300	SANDY SHALE (OIL SAND STRKS) (FAIR BLEED)			
3	303	OIL SAND (SOME SHALE) (GOOD BLEED)			
3	306	OIL SAND (HEAVY BLEED)			
2	308	BLACK SAND AND COAL			
1	309	SHALE			
1.5	310.5	COAL			
3.5	314	SHALE			
11	325	LIME			

SURFACE: 9-7-11  
 SET TIME: 3:30PM  
 CALLED: 12:30PM- RUSSEL

LONGSTRING: 338 2 7/8, 8RD PIPE, TD-340  
 SET TIME: 4:30PM, 9-8-11  
 CALLED: 3:15PM- JUDY



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

Well #: C-5 <i>NW NE</i>
Location: <i>SW</i> , N2, N2, SW, S:5, T:20, S.R.:23, E
County: LINN
FSL: 2310 <i>2297</i>
FEL: 3960 <i>3952</i>
API#: 15-107-24483-00-00
Started: 9-8-11
Completed: 9-9-11

# Core Run #1

Lease :	<i>N</i> S. BAKER
Owner:	BOBCAT OILFIELD SERVICES INC.
OPR #:	3895
Contractor:	DALE JACKSON PRODUCTION CO.
OPR #:	4339

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	272		-----		
1	273		2		
2	274		3		
3	275		2		
4	276		3.5		
5	277		2.5		
6	278		2.5		
7	279		2.5	SANDY SAHLE (SOME OIL SAND STRKS) (POOR BLEED)	279
				OIL SAND (SHALEY) (FAIR BLEED)	279.5
8	280		2	OIL SAND (FRACTORED) (FAIR BLEED)	280
9	281		2	OIL SAND (SOMESHARE) (FAIR BLEED)	281.5
10	282		2	OIL SAND (FRACTORED) (LIME) (FAIR BLEED)	282
11	283		2.5	OIL SAND (GOOD BLEED)	283
12	284		2		
13	285			-(GAS)(LOCKED UP), OIL SAND (FRACTORED) (GOOD BLEED) (LOTS OF GAS)	
14					
15					
16					
17					
18					
19					
20					



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

Well #: C-5
Location: __,N2,N2,SW, S:5, T:20, S.R.:23, E
County: LINN
FSL: 2310
FEL: 3960
API#: 15-107-24483-00-00
Started: 9-8-11
Completed: 9-9-11

## Core Run #2

Lease : <sup>N</sup> S. BAKER
Owner: BOBCAT OILFIELD SERVICES INC.
OPR #: 3895
Contractor: DALE JACKSON PRODUCTION CO.
OPR #: 4339

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	284		-----		
				OIL SAND (GOOD BLEED)	284.5
1	285		2		
				OIL SAND (SHALEY) (GOOD BLEED)	285.5
2	286		3.5	SHALE	286
3	287		2		
4	288		1.5	OIL SAND (SAHLEY) (GOOD BLEED)	
5	289		2		
6	290		1.5		
7	291		2		
8	292		2		
9	293		2		
10	294		1.5		
11	295		1.5		
12	296		2		
13	297		2		
14	298		3		
15	299		3.5		
16	300		2		
17					
18					
19					
20					

**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: <b>10034199</b>	
Special :		Time:	15:48:03
Instructions :		Ship Date:	09/08/11
:		Invoice Date:	09/08/11
Sale rep #: MAVERY MIKE	Acct rep code:	Due Date:	10/05/11
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:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
245.00	245.00	L	BAG	CPPC	PORTLAND CEMENT	8.2900 BAG	8.2900	2031.05
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

INVOICE

913 837 4159

North Baker  
 C5  
 9-9-11

DIRECT DELIVERY  
 PHONE ORDER BY TERRY

FILLED BY _____ CHECKED BY _____ DATE SHIPPED _____ DRIVER _____ SHIP VIA LINN COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION X	<table style="width: 100%;"> <tr> <td>Sales total</td> <td style="text-align: right;">\$3697.05</td> </tr> <tr> <td>Taxable</td> <td style="text-align: right;">3697.05</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;">232.91</td> </tr> <tr> <td><b>TOTAL</b></td> <td style="text-align: right;"><b>\$3929.96</b></td> </tr> </table>	Sales total	\$3697.05	Taxable	3697.05	Non-taxable	0.00	Sales tax	232.91	<b>TOTAL</b>	<b>\$3929.96</b>
Sales total	\$3697.05										
Taxable	3697.05										
Non-taxable	0.00										
Sales tax	232.91										
<b>TOTAL</b>	<b>\$3929.96</b>										

1 - Merchant Copy

