



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
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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: _____



1067423

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Lease:	S BAKER	
Owner:	BOBCAT OILFIELD SERVICES, INC.	
OPR #:	3895	
Contractor:	DALE JACKSON PRODUCTION CO.	
OPR #:	4339	
Surface: 20FT, 6IN	Cemented: 5 SACKS	Hole Size: 8 3/4
Longstring 313 2 7/8	Cemented: 50	Hole Size: 5 5/8

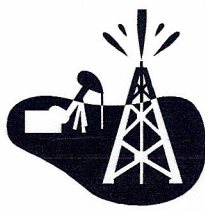
Dale Jackson Production Co.
 Box 266, Mound City, Ks 66056
 Cell # 620-363-2683
 Office # 913-795-2991

Well #: M-6 <i>SW</i>
Location: <i>NE</i> W2, SE, SW, S:5, T:20, S.R.:23, E
County: LINN
FSL: 660- <i>642</i>
FEL: 3630 <i>3622</i>
API#: 15-107-24421-00-00
Started: 8-1-11
Completed: 8-2-11

SN: NONE	Packer:	TD: 320
Plugged:	Bottom Plug:	

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
1	1	TOP SOIL	SURFACE: 8-1-11 SET TIME: 2:30PM CALLED: 1:40 AM- BECKY LONGSTRING: 313 2 7/8, 8RD PIPE, TD- 315 SET TIME: 12:30PM, 8-2-11 CALLED: 11:00AM- BECKY		
2	3	LIME			
5	8	CLAY			
2	10	BLACK SHALE			
3	13	SHALE			
20	33	LIME			
2	35	SHALE			
2	37	BLACK SHALE			
2	39	LIME			
5	44	SHALE (LIMEY)			
6	50	LIME			
1	51	BLACK SHALE			
10	61	SHALE (LIMEY)			
130	191	SHALE			
1	192	BLACK SHALE			
18	210	SHALE			
7	217	LIME			
19	236	SHALE			
2	238	LIME			
4	242	SHALE			
7	249	LIME			
1	250	SHALE (LIMEY)			
2	252	SANDY SHALE (DRY SAND)			
1	253	OIL SAND (VERY SHALEY) (POOR BLEED)			
3.5	256.5	OIL SAND (SOME SHALE) (GOOD BLEED) (SOME WATER)			
2.5	259	LIME (SOME OIL SAND STRKS) (FAIR BLEED)			
13.5	272.5	OIL SAND (SOME SHALE) (GOOD BLEED) (SLIGHT SHOW OF WATER)			
0.5	273	SHALE			
0.5	273.5	OIL SAND (SHALEY) (GOOD BLEED)			
0.5	274	LIME			
1	275	OIL SAND (FAIR BLEED)			
1	276	SHALE			
1	277	OIL SAND (LIMEY) (FAIR BLEED)			
1.5	278.5	OIL SAND (SOME SHALE) (GOOD BLEED)			
19.5	208	SHALE			
2	300	COAL			
5	305	SHALE			
10	315	LIME			
TD	320	SHALE			



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Core Run #1

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

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	253		-----		
1	254		1		
2	255		1		
3	256		1		
4	257		2	OIL SAND (SOME SHALE) (GOOD BLEED) (SOME WATER)	256.5
5	258		2.5		
6	259		3	LIME (SOME OIL SAND STRKS) (FAIR BLEED)	259
7	260		1		
8	261		2		
9	262		1		
10	263		1.5		
11	264		1.5		
12	265		1.5		
13	266		2		
14	267		1.5		
15	268		1.5		
16	269		1.5		
17	270		1		
18	271		1.5		
19	272		1	OIL SAND (SOME SHALE) (GOOD BLEED) (SLIGHT SHOW OF WATER)	272.5
20	273		2	SHALE	

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: 10033034	
Special :		Time:	15:12:48
Instructions :		Ship Date:	07/26/11
		Invoice Date:	07/28/11
Sale rep #:	SCOLEMAN STEVE	Acct rep code:	
		Due Date:	09/05/11
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:	

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
315.00	315.00	L	BAG	CPPC	PORTLAND CEMENT	8.2900 BAG	8.2900	2611.35
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

South Baker
M-6
8-2-11

DIRECT DELIVER
PHONE ORDER BY TERRY

913 837 4155

	FILLED BY _____ CHECKED BY _____ DATE SHIPPED _____ DRIVER _____	Sales total \$3869.35
	SHIP VIA LINN COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION	Taxable 3869.35 Non-taxable 0.00 Tax # _____
X		Sales tax 243.77

TOTAL \$4113.12

2 - Customer Copy

