



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



1067479

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

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: _____ _____
---	---	--

Lease:	S 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:
310 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 #: Q-8
Location: <del>S2</del> SE,SW, S:5, T:20, S.R.:23, E
County: LINN
FSL: 75- 63
FEL: 2970 2922
API#: 15-107-24435-00-00
Started: 8-18-11
Completed: 8-19-11

SN:	Packer:	TD: 315
Plugged:	Bottom Plug:	

## Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
2	2	TOP SOIL	SURFACE: 8-18-11 SET TIME: 4:00PM CALLED: 1:20PM- JUDY		
4	6	CLAY			
8	15	LIME			
4	19	SHALE	LONGSTRING: 310, 2 7/8, 8RD PIPE, TD- 315 SET TIME: 2:00PM, 8-19-11 CALLED: 1:00PM- JUDY		
5	24	BLACK SHALE			
3	27	LIME			
5	32	SHALE (LIMEY)			
5	37	LIME			
1	38	BLACK SHALE			
10	48	SHALE (LIMEY)			
32	80	SHALE			
8	88	SANDY SHALE (DRY SAND) (GAS)			
102	190	SHALE			
1	191	BLACK SHALE			
9	200	SHALE			
3	203	LIME			
22	225	SHALE			
11	236	LIME			
2	238	SHALE (LIMEY)			
1	239	OIL SAND (SHALEY) (FAIR BLEED) (WATER)			
7.5	246.5	OIL SAND (SOME SHALE ) (GOOD BLEED)			
1	247.5	OIL SAND (FRACTORED) (OIL AND WATER) (GOOD BLEED)			
2	249.5	OIL SAND (OIL AND WATER (GOOD BLEED)			
0.5	252	OIL SAND (FRACTORED) (OIL & WATER) (GOOD BLEED)			
4.5	256.5	OIL SAND (GOOD BLEED)			
1	257.5	OIL SAND (WATER & OIL) (GOOD BLEED)			
3.5	261	OIL SAND (SOME SHALE) (GOOD BLEED)			
2	263	SANDY SAHLE (OIL SAND STRKS)			
2	265	OIL SAND (SHALEY) (GOOD BLEED)			
1	266	SANDY SHALE (OIL SAND STRKS)			
2	268	OIL SAND (SOME SHLAE) (COAL STRKS) (GOOD BLEED)			
1	269	SHALE (OIL SAND STRKS)			
18	287	SHALE			
2	289	COAL			
5	294	SHALE			
11	305	LIME			
9	314	SHALE			
TD	315	LIME			



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

# Core Run #1

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

Well #: Q-8 <i>SE-SE</i>
Location: <del>S2</del> ,SE,SW, S:5, T:20, S.R.:23, E
County: LINN
FSL: <del>75</del> <i>63</i>
FEL: <del>2970</del> <i>2922</i>
API#: 15-107-24435-00-00
Started: 8-18-11
Completed: 8-19-11

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	239		-----		
1	240		1		
2	241		1		
3	242		1		
4	243		1		
5	244		1		
6	245		1.5		
7	246		1	OIL SAND (SOME SHALE) (GOOD BLEED)	246.5
8	247		1.5	OIL SAND (FRACTORED) (OIL SAND WATER) (GOOD BLEED)	247.5
9	248		1.5		
10	249		2	OIL SAND (OIL SAND WATER) (GOOD BLEED)	249.5
11	250		1.5		
12	251		1.5		
13	252		2	OIL SAND (FRACTORED) (OIL AND WATER) (GOOD BLEED)	252
14	253		2.5		
15	254		2		
16	255		3		
17	256		5	OIL SAND (GOOD BLEED)	256.5
18	257		1		
				OIL SAND (WATER AND OIL) (GOOD BLEED)	257.5
19	258		1		
20	259		1.5	OIL SAND SOME SHALE 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>10033533</b>	
Special :		Time:	09:11:41
Instructions :		Ship Date:	08/11/11
		Invoice Date:	08/15/11
Sale rep #: MAVERY MIKE		Acct rep code:	Due Date: 09/05/11
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
280.00	280.00	L	BAG	CPPC	PORTLAND CEMENT	8.2900 BAG	8.2900	2321.20
240.00	240.00	L	BAG	CPPM	POST SET FLY ASH 75#	5.1000 BAG	5.1000	1224.00
14.00	14.00	L	EA	CPQP	QUIKRETE PALLETS	17.0000 EA	17.0000	238.00

*South Baker*  
8-8  
8-19-11

**PHONE ORDER BY TERRY**

**DIRECT DELIVERY FRIDAY 8-12-11**

**913-837-4159**

**TAXED 8-15-11**

	FILLED BY _____ CHECKED BY _____ DATE SHIPPED _____ DRIVER _____ SHIP VIA <b>LINN COUNTY</b> RECEIVED COMPLETE AND IN GOOD CONDITION _____ X	Sales total <b>\$3783.20</b>  Taxable <b>3783.20</b> Non-taxable <b>0.00</b> Tax # _____ Sales tax <b>238.34</b>	<b>TOTAL \$4021.54</b>
--	---	---	------------------------

**2 - Customer Copy**

