



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



1083331

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

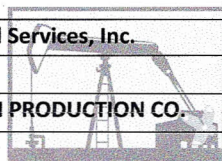
TUBING RECORD:      Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

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:	Schendel	
Owner:	Bobcat Oilfield Services, Inc.	
OPR #:	3895	
Contractor:	DALE JACKSON PRODUCTION CO.	
OPR #:	4339	
Surface:	Cemented:	Hole Size:
20'6"	5	8 3/4
Longstring	Cemented:	Hole Size:
716' 2 7/8	92 Sacks	5 5/8
8 Rd		



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

Well #: 3-12
Location: SE-NW-NE-NW S24 T16 R21E
County: Miami
FSL: <del>4847</del> 4901
FEL: <del>3301</del> 3340
API#: 15-121-29084-00-00
Started: 5-15-12
Completed: 5-17-12

SN: None	Packer:	TD: 720'
Plugged:	Bottom Plug:	

## Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
2	2	Top Soil	6	605	Shale
5	7	Clay	6	611	Lime
18	25	Lime	5	616	Shale (Limey)
4	29	Shale	2	618	Lime (Slight Oil Show) (Shaley)
16	45	Lime	8	626	Shale
8	53	Sandy Shale	5	631	Lime (Odor)
17	70	Lime	11	642	Shale
5	75	Shale	11	653	Lime (Shaley)
1	76	Lime	2	655	Shale
1	77	Red Bed	5	660	Lime
19	96	Shale	7	667	Shale
20	116	Lime	1	668	Black Shale
90	206	Shale (Sandy)	6	674	Shale
2	208	Lime	2	676	Lime
1	209	Shale	1	677	Shale
17	226	Lime	1	678	Lime
7	233	Shale	5	683	Shale
1	234	Lime	1	684	Sand (Dry) (Hard)
7	241	Shale	1	685	Oil Sand (Water & Some Oil) (Some Shale)
12	253	Sand (Dry)	.5	685.5	Oil Sand (Shaley) (Poor Bleed)
4	257	Shale	2.5	688	Oil Sand (Some Shale) (Oil & Water) (Good Bleed)
10	267	Lime	1	689	Lime
16	283	Shale	5.5	694.5	Oil Sand (Some Shale) (Fair Bleed)
12	295	Sand (Dry)	1	695.5	Oil Sand (Shaley) (Fair Bleed)
1	296	Shale	1	696.5	Sandy Shale (Some Oil Sand Streaks) (Poor Bleed)
10	306	Lime	1	697.5	Oil Sand (Shaley) (Fair Bleed)
3	309	Shale	4.5	702	Sandy Shale (Some Oil Sand Streaks) (Poor Bleed)
1	310	Lime	13	715	Sandy Shale
15	325	Shale	TD	720	Shale
28	353	Lime			
1	354	Black Shale			
5	359	Shale			
27	386	Lime			
2	388	Black Shale			
11	399	Lime			Surface 5-15-12 Set Time 1:00pm Called 10:00am Becky
6	405	Shale (Limey)			LongString 716' 2 7/8 8rd TD 720'
121	526	Shale			Set Time 12:00pm 5-17-12 Called 10:30am Judy
20	546	Shale (Limey)			
8	554	Lime			
44	598	Shale			
1	599	Coal			



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

# Core Run #1

Lease :	Schendel
Owner:	Bobcat Oilfield Services, Inc.
OPR #:	3895
Contractor:	DALE JACKSON PRODUCTION CO.
OPR #:	4339

Well #: 3-12
Location: SE-NW-NE-NW S24 T16 R21E
County: Miami
FSL: 4847 4901
FEL: 3301 3340
API#: 15-121-29084-00-00
Started: 5-15-12
Completed: 5-17-12

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	685	0:00	0	Oil Sand (Shaley) (Poor Bleed)	685.5
1	686	4:30	4.5	Oil Sand Some Shale (Oil & Water) (Good Bleed)	688
2	687	6:30	2		
3	688	11:30	5		
4	689	16:00	4.5	Lime	689
5	690	20:00	4	Oil Sand (Some Shale) (Fair Bleed)	694.5
6	691	24:00	4		
7	692	28:00	4		
8	693	32:00	4		
9	694	34:30	2.5		
10	695	39:00	4.5	Oil Sand (Shaley) (Fair Bleed)	695.5
11	696	43:00	4	Sandy Shale (Some Oil Sand Streaks) (Poor Bleed)	696.5
12	697	48:00	5	Oil Sand (Shaley) (Fair Bleed)	697.5
13	698	55:30	7.5	Sandy Shale (Some Oil Sand Streaks) (Poor Bleed)	
14	699	60:00	4.5		
15					
16					
17					
18					
19					
20					



Avery Lumber 913-795-2194  
**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: **10040320**

Special : Time: 13:55:27  
 Instructions : Ship Date: 04/25/12  
 Invoice Date: 04/27/12  
 Sale rep #: MAVERY MIKE Acct rep code: Dus Date: 06/05/12

Sold To: **BOBCAT OILFIELD SRVC, INC** Ship To: **BOBCAT OILFIELD SRVC, INC**  
 C/O BOB EBERHART (913) 837-2823  
 30805 COLDWATER RD  
 LOUISBURG, KS 66053 (913) 837-2823

Customer #: 3570021 Customer PO: Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
280.00	280.00		BAG	CPPC	PORTLAND CEMENT	8.8900 BAG	8.8900	2489.20
240.00	240.00		BAG	CPPM	POST SET FLY ASH 75#	5.7900 BAG	5.7900	1389.60
14.00	14.00		EA	CPQP	QUIKRETE PALLETS	17.0000 EA	17.0000	238.00

*Schendel  
3-12*

*Direct Delivery*

*913-837-4159*

# INVOICE

FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	\$4116.80
SHIP VIA MIAMI COUNTY				Freight	100.00
RECEIVED COMPLETE AND IN GOOD CONDITION				Taxable	4216.80
X				Non-taxable	0.00
				Tax #	
				Misc + Frgt	100.00
				Sales tax	318.37

**TOTAL \$4535.17**

1 - Merchant Copy

