



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



1083356

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 Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity
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<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> _____ _____
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Lease:	Schendel	
Owner:	Bobcat Oilfield Services, Inc.	
OPR #:	3895	
Contractor:	DALE JACKSON PRODUCTION CO.	
OPR #:	4339	
Surface: 20' 6"	Cemented: 5	Hole Size: 8 3/4
Longstring 686' 2 7/8 8 rnd	Cemented: 84 sacks	Hole Size: 5 5/8

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

Well #: 10-12
Location: NW-NW-SE-NW S24 T16 R21E
County: Miami
FSL: 3873 3867
FEL: 3774 3759
API#: 15-121-29091-00-00
Started: 5/30/12
Completed: 5/31/12

SN: None	Packer:	TD: 695'
Plugged:	Bottom Plug:	

## Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
2	2	Top Soil	6	617	Lime
8	10	Clay	11	628	Shale (Limey)
15	25	Lime	6	634	Lime
9	34	Shale (Limey)	11	645	Shale
18	52	Lime	5	650	Shale (limey)
6	58	Shale	1	651	Lime
2	60	Red Bed	3.5	654.5	Shale
2	62	Shale	1	655.5	Oil Sand (Shaley) (Poor Bleed) (Water)
1	63	Lime	1	656.5	Sandy Shale (Oil Sand Streak)
13	76	Sandy Shale	8.5	665	Oil Sand (Poor Bleed) (Water)
20	96	Lime	1	666	Lime
34	130	Sandy Shale	1	667	Oil Sand (Shaley) (Poor Bleed) (Water)
56	186	Shale	1.5	668.5	Sandy Shale (Oil Sand Streak) (Fractured) (Water)
20	206	Lime	1.5	670	Oil Sand (Very Shaley) (Poor Bleed)
15	221	Sandy Shale			
16	237	Shale			
7	244	Lime			
12	256	Shale			12:13 Start
10	266	Shale (Limey)			3:39 Sand
5	271	Sandy Shale			5:30 Out
4	275	Shale			6:05 In
7	282	Lime			7:00 End core
23	305	Shale			
24	329	Lime			
4	333	Black Shale			
5	338	Shale			
3	341	Shale (Limey)			Surface 5-30-12 Set Time 1:30pm Called 11:00am Judy
19	360	Lime			Longstring 686' 2 7/8 8 rd pipe TD 695'
5	365	Black Shale			Set Time 11:30am 5-31-12 Called 10:15am Judy
12	377	Lime			
153	530	Shale			
2	532	Lime			
10	542	Shale			
7	549	Lime			
29	578	Shale			
6.5	584.5	Lime			
2	586.5	Sandy Shale (Oil Sand Streak)			
14.5	601	Shale			
4	605	Lime			
1	606	Clay			
5	611	Shale			



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

Well #: 10-12
Location: NW-NW-SE-NW S24 T16 R21E
County: Miami
FSL: <del>3873</del> 3867
FEL: <del>3774</del> 3759
API#: 15-121-29091-00-00
Started: 5/30/12
Completed: 5/31/12

# Core Run #1

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

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	658	0:00	0	Oil Sand (Some Shale) (Poor Bleed) (Water)	665.351'
1	659	2:00	2		
2	660	4:00	2		
3	661	7:00	3		
4	662	10:00	3		
5	663	12:30	2.5		
6	664	15:30	3		
7	665	20:00	4.5		
				Lime	666'
8	666	24:30	4.5		
				Oil Sand Shaley (Poor Bleed) (Water)	667.30'
9	667	28:00	3.5		
				Sandy Shale (Oil Sand Streak) (Fractured) (Water)	668.50'
10	668	32:00	4		
				Oil Sand (Very Shaley) (Poor Bleed)	
11	669	37:00	5		
12	670	43:00	5		
				Shale	
13	671	52:00	9		
14					
15					
16					
17					
18					
19					
20					

Copy

# 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>10041206</b>
Special : Instructions : Sale rep #: <b>MAVERY MIKE</b>	Time: 10:09:15 Ship Date: 05/30/12 Invoice Date: 06/01/12 Due Date: 07/05/12
<b>913-837-4159</b>	
Acct rep code:	
Sold To: <b>BOBCAT OILFIELD SRVC, INC</b> <b>C/O BOB EBERHART</b> <b>30805 COLDWATER RD</b> <b>LOUISBURG, KS 66053</b>	Ship To: <b>BOBCAT OILFIELD SRVC, INC</b> (913) 837-2823  (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	L	BAG	CPPC	PORTLAND CEMENT	8.8900 BAG	8.8900	2489.20
240.00	240.00	L	BAG	CPPM	POST SET FLY ASH 75#	5.7900 BAG	5.7900	1389.60
14.00	14.00	L	EA	CPQP	QUIKRETE PALLETS	17.0000 EA	17.0000	238.00

Schendel  
10-12

Direct Delivery

# INVOICE

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

**TOTAL \$4535.17**

1 - Merchant Copy

