



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: _____



1083358

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:	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:
688' 2 7/8 8 rnd	84 sacks	5 5/8

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

Well #: 12-12
Location: SE-NW-SE-NW S24 T16 R21E
County: Miami
FSL: 3465 3493
FEL: 3350 3345
API#: 15-121-29093-00-00
Started: 5/31/12
Completed: 6/1/12

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

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
2	2	Top Soil	7	634	Shale
5	7	Clay	1	635	Lime
12	19	Lime	13	648	Shale
8	27	Shale	1	649	Sandy Shale (Oil Sand Streaks)
19	46	Lime	1	650	Oil Sand (Some Shale) (Fair Bleed)
10	56	Shale	1	651	Oil Sand (Fair Bleed)
15	71	Sandy Shale	4	655	Oilsand (Fair Bleed (Water & Some Oil)
17	88	Lime (Sandy)	1.5	656.5	Oil Sand (Some Shale) (Fair Bleed) (Fractured)
90	178	Shale	.5	657	Lime
20	198	Lime	.5	657.5	Oil Sand (Shaley) (Fair Bleed) (Some Water) (Fractured)
9	207	Shale	4.5	662	Sandy Shale (Oil Sand Streak) (Some Water) (Poor Bleed)
8	215	Sandy Shale	4.5	666.5	Sandy Shale
13	228	Shale	2.5	669	Sandy Shale (Oil Sand Streaks) (Poor Bleed)
7	235	Lime	TD	695	Shale
19	254	Shale			
12	266	Sandy Shale			
4	270	Shale			
6	276	Lime			9:00 Start
5	281	Shale			12:39 Sand
2	283	Lime			2:24 Core in
16	299	Shale			3:06 Cored
26	325	Lime			5:50 Reemed
3	328	Black Shale			
3	331	Shale			
23	354	Lime			
4	358	Black Shale			
12	370	Lime			Surface 5-31-12 Set Time 1:00pm Called 10:15am Judy
166	536	Shale			Longstring 688' 2 7/8 pipe TD 695
8	544	Lime			Set Time 1:00pm 6-1-12 Called 11:30am Alan
28	572	Shale			
4	576	Lime			
3	579	Shale			
2	581	Sandy Shale (Oil Sand Streak)			
13	594	Shale			
4	598	Lime			
7	605	Black Shale			
5	610	Lime			
4	614	Shale			
3	617	Lime			
9	626	Shale			
1	627	Lime			



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

Well #: 12-12
Location: SE-NW-SE-NW S24 T16 R21E
County: Miami
FSL: 3465 3493
FEL: 3350 3345
API#: 15-121-29093-00-00
Started: 5/31/12
Completed: 6/1/12

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	651	0:00	0	Oil Sand (Fair Bleed (Water)) ((654'-654.10' Lots of Water) (Swelled shale Streak))	655.0
1	652	2:00	2		
2	653	6:00	4		
3	654	10:00	4		
4	655	12:30	2.5		
5	656	16:30	4	Oil Sand (Some Shale) (Fair Bleed) (Some Water) (Fractured)	656.5
6	657	20:00	3.5	Lime	657
				Oil Sand (Shaley) (Fair Bleed) (Some Water) (Fractured)	657.5
7	658	23:30	3.5	Sandy Shale (Oil Sand Streak) (Fair Bleed) (Some Water)	
8	659	28:00	4.5		
9	660	34:00	6		
10	661			--Packed off	
11	662				
12	663				
13	664				
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: **10041206**

Special : Time: 10:09:15
 Instructions : 913-837-4159 Ship Date: 05/30/12
 : Invoice Date: 06/01/12
 Sale rep #: MAVERY MIKE Acct rep code: Due Date: 07/05/12

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:

5TH
 T 28
 popimg01

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
12-12*

Direct Delivery

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

