



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: _____



1094649

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

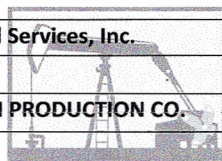
TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

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:	Cayot	
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:
701' 2 7/8	90 sacks	5 5/8
8 rnd		



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



Well #: 3-12
Location: SE-NE-SW-SE S24 T16 R21E
County: Miami
FSL: 900 908
FEL: 1320 1334
API#: 15-121-29148-00-00
Started: 6/14/12
Completed: 6/15/12

SN: 671'	Packer:	TD: 719'
Plugged:	Bottom Plug:	

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
2	2	Top Soil	4	580	Lime
13	15	Clay	21	601	Shale
8	23	Lime Clay Streak 21'	5	606	Lime
1	24	Clay	3	609	Oil Sand (Shaley) (Poor Bleed)
10	34	Lime	13	622	Shale
5	39	Black Shale	4	626	Lime
11	50	Lime	23	649	Shale (Limey)
5	55	Shale (Limey)	5	654	Lime
5	60	Shale	11	665	Shale (Limey)
17	77	Lime	3	668	Lime
5	82	Shale	2	674	Oil Sand (Very Shaley) (Poor Bleed) (Water)
3	85	Red Bed	1.5	675.5	Lime
17	102	Shale	1.5	677	Oil Sand (Shaley) (Poor Bleed) (Water) (Heavily Fractured)
15	117	Lime	8	685	Oil Sand (Fair Bleed) (Some Shale) (Some Water)
10	127	Shale	10	695	Sandy Shale (Oil Sand Streak)
5	132	Sand (Dry) Taking Fluid	TD	719	Shale
5	137	Shale Taking Fluid			
9	146	Sand (Dry) Taking Fluid			
71	207	Shale			
18	225	Lime			
8	233	Shale			
10	243	Sand (Dry)			
7	250	Sandy Shale			
8	258	Shale (Limey)			
5	263	Lime			
20	283	Shale			
8	291	Sand (Dry)			Surface 6-14-12 Set Time 1:30pm Called 11:15am Judy
2	293	Shale			Longstring 701' 2 7/8 pipe TD 719
14	307	Lime			Set Time 12:30pm 6-15-12 Called 11:15am Russell
16	323	Shale			
25	348	Lime			
10	358	Black Shale			
20	378	Lime			
4	382	Black Shale			
13	395	Lime			
24	419	Shale			
6	425	Sand (Dry)			
137	562	Shale			
7	569	Lime			
7	576	Shale			



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County: Miami
FSL: 900 908
FEL: 1320 1334
API#: 15-121-29148-00-00
Started: 6/14/12
Completed: 6/15/12

Core Run #1

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

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	674	0:00	0	Lime	675.5'
1	675	2:00	2	Oil Sand (Shaley) (Poor Bleed) (Water) (Heavily Fractured)	677.0'
2	676	3:30	1.5		
3	677	4:30	1		
4	678	5:00	.5	Oil Sand (Fair Bleed) (Some Water)	
5	679	6:30	1.5		
6	680	28:00	11.5		
7	681			Packed off	
8					
9					
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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: 10041609
Special : Instructions :	Time: 13:43:45 Ship Date: 06/14/12 Invoice Date: 06/18/12 Due Date: 07/05/12
Sale rep #: MAVERY MIKE	Acct rep code:
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
175.00	175.00	L	BAG	CPPC	PORTLAND CEMENT	8.8900 BAG	8.8900	1555.75
360.00	360.00	L	BAG	CPPM	POST SET FLY ASH 75#	5.7900 BAG	5.7900	2084.40
14.00	14.00	L	EA	CPQP	QUIKRETE PALLETS	17.0000 EA	17.0000	238.00

5TH
T 27

poplmg01

INVOICE

913-837-4155

Direct Delivery

Cayot 3-12 6/15

FILLED BY _____ SHIP VIA MIAMI COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION X	CHECKED BY _____	DATE SHIPPED _____	DRIVER _____		Sales total \$3878.15	
					Freight 100.00	Misc + Frgt 100.00
					Taxable 3978.15 Non-taxable 0.00 Tax # _____	Sales tax 300.35

TOTAL \$4278.50

1 - Merchant Copy

