



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: _____



1094667

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: 23' of 6"	Cemented: 5 sacks	Hole Size: 8 3/4
Longstring 695' 2 7/8 8 rnd	Cemented: 85 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 #: 7-12A
Location: NW-NE-SW-SE S24 T16 R21E
County: Miami
FSL: 1313
FEL: 1686
API#: 15-121-29245-00-00
Started: 7/24/12
Completed: 7/25/12

SN: 670'	Packer:	TD: 699'
Plugged:	Bottom Plug:	

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
2	2	Top Soil	1	673	Oil Sand (Some Show) (Fair Bleed)
10	12	Clay	2	675	Lime
21	33	Lime	1.5	676.5	Oil Sand (Water)
5	38	Black Shale	2.5	679	Oil Sand (Some Shale) (Fair Bleed)
11	49	Lime	.5	679.5	Shale
9	58	Shale (Limey)	1	680.5	Oil Sand (Shaley) (Fair Bleed)
20	78	Lime	1.5	682	Oil Sand (Some Shale) (Oil & Water)
3	81	Shale	1.5	683.5	Shale (Oil Sand Streak)
3	84	Red Bed	.5	684	Oil Sand (Shaley) (Fair Bleed)
14	98	Shale	TD	699	Shale
18	116	Lime			
20	136	Shale			
13	149	Sand (Dry)			
60	209	Shale			
19	228	Lime			
6	234	Shale			
11	245	Sand (Dry)			
15	260	Shale			
6	266	Lime			
19	285	Shale			
10	295	Sand (Dry)			
11	306	Lime			
20	326	Shale			
25	351	Lime			
10	361	Shale			
18	379	Lime			
4	383	Shale			Surface 7-24-12 Set Time 1:30pm Called 11:00am Becky
12	395	Lime			Longstring 695' 2 7/8 8 rnd 7-25-12 TD 699'
167	562	Shale			Set Time 11:00am Called 11:00am Becky
8	570	Lime			
30	600	Shale			
5	605	Lime			
2	607	Oil Sand (Shaley) (Fair Bleed)			
14	621	Shale			
4	625	Lime			
23	648	Shaley (Limey)			
5	653	Lime			
12	665	Shale (Limey)			
1	666	Lime			
5	671	Light Shale			
1	672	Oil Sand (Shaley) (Poor Bleed)			



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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	672	0:00	0	Oil Sand (Some Shale) (Fair Bleed)	673.20'
1	673		1		
2	674		4	Lime	675.00'
3	675		5		
4	676		.5	Oil Sand (Water)	676.50'
5	677		1	Oil Sand (Some Water) (Fair Bleed)	678.90'
6	678		1		
7	679		1.5	Shale	679.50'
8	680		1	Oil Sand (Shaley) (Fair Bleed)	680.70'
9	681		1.5	Oil Sand (Some Shale) (Oil & Water)	682.00'
10	682		2		
11	683		2.5	Shale (Oil Sand Streak)	683.50'
12	684		2.5	Oil Sand (Shaley) (Fair Bleed)	684.00'
13	685		4	Shale	
14	686		4		
15	687		4.5		
16	688		4.5		
17	689				
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

Customer Copy

INVOICE

PLEASE REFER TO INVOICE NUMBER ON ALL CORRESPONDENCE

Page: 1

Invoice: **10042290**

Special : Time: 17:06:22
 Instructions : Ship Date: 07/14/12
 Invoice Date: 07/17/12
 Sale rep #: MAVERY MIKE Acct rep code: Due Date: 08/05/12

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:

popimg01

5TH

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ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
245.00	245.00	L	BAG	CPPC	PORTLAND CEMENT	8.8900 BAG	8.8900	2178.05
280.00	280.00	L	BAG	CPPM	POST SET FLY ASH 75#	5.7900 BAG	5.7900	1621.20
14.00	14.00	L	EA	CPQP	QUIKRETE PALLETS	17.0000 EA	17.0000	238.00

*Coyot
7-12A
7/25*

*OKR
Direct Delivery*

INVOICE

913 837 4155

FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	\$4037.25
SHIP VIA MIAMI COUNTY				Freight	100.00
RECEIVED COMPLETE AND IN GOOD CONDITION				Taxable	4137.25
X				Non-taxable	0.00
				Tax #	
				Misc + Frgt	100.00
				Sales tax	312.36

TOTAL \$4449.61

2 - Customer Copy

