



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



1094806

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

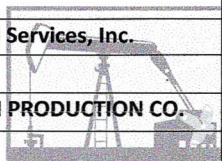
TUBING RECORD:      Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

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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<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 <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Lease:	Cayot	
Owner:	Bobcat Oilfield Services, Inc.	
OPR #:	3895	
Contractor:	DALE JACKSON PRODUCTION CO.	
OPR #:	4339	
Surface: 42' of 6"	Cemented: 7 sacks	Hole Size: 8 3/4
Longstring 752' 2 7/8 8 rnd	Cemented: 92 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 #: 15-12
Location: NE-SW-SW-SE S24 T16 R21E
County: Miami
FSL: 460 447
FEL: 2200 2296
API#: 15-121-29160-00-00
Started: 7/17/12
Completed: 7/19/12

SN: 725'	Packer:	TD: 759'
Plugged:	Bottom Plug:	

## Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
2	2	Top Soil	4	652	Lime
33	35	Clay	20	672	Shale (Limey)
6	41	Light Mushy Shale	3	675	Lime
22	63	Lime	2	677	Coal
5	68	Black Shale	6	683	Shale
10	78	Lime	21	704	Light Sandy Shale
11	89	Shale (Limey)	2	706	Lime
17	106	Lime	5	711	Shale
3	109	Shale	2	713	Black Shale
3	112	Red Bed	15	728	Shale (Limey)
17	129	Shale	5	733	Oil Sand (Some Shale) (Fair Bleed)
3	132	Sand (Dry)	1	734	Lime
15	147	Lime	1.5	735.5	Oil Sand (Some Shale) (Fair Bleed)
6	153	Shale	1	736.5	Oil Sand (Shaley) (Fair Bleed)
4	157	Sand (Dry)	3.5	740	Sandy Shale (Oil Sand Streak)
5	162	Shale	TD	759	Shale
14	176	Sand (Dry) (Taking Fluid)			
65	241	Shale			
19	260	Lime			
8	268	Shale			
10	278	Sand (Dry)			
17	295	Shale			
5	300	Lime			
9	309	Shale			
24	323	Sandy Shale			
4	327	Sand (Dry)			
2	329	shale			Surface 7-17-12 Set Time 12:00pm Called 10:30am Becky
14	343	Lime			Longstring 752' 2 7/8 pipe TD 759'
17	360	Shale			Set Time 12:00pm 7-19-12 Called 11:00am Judy
26	386	Lime			
11	397	Shale			
20	417	Lime			
5	422	Shale			
14	436	Lime			
159	595	shale			
5	600	Lime			
10	610	shale			
6	616	Lime			
9	625	Shale			
7	632	Lime			
16	648	Shale			



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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	730	0:00	0	Oil Sand (Some Shale) (Fair Bleed)	733.00'
1	731	1:00	1		
2	732	2:30	1.5		
3	733	4:00	1.5		
4	734	6:00	2	Lime	734.00'
5	735	7:00	1	Oil Sand (Some shale) (Fair Bleed)	735.30'
6	736	10:00	3	Oil Sand (Shaley) (Fair Bleed)	736.70'
7	737	12:30	2.5	Sandy Shale (Oil Sand Streak)	740.00'
8	738	16:30	4		
9	739	21:30	5		
10	740	27:00	5.5		
11	741	33:30	6.5	Shale	
12	742				
13	743				
14					
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

Customer Copy

**INVOICE**

PLEASE REFER TO INVOICE NUMBER ON ALL CORRESPONDENCE

Page: 1	Invoice: <b>10042290</b>
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: <b>BOBCAT OILFIELD SRVC, INC</b> C/O BOB EBERHART 30805 COLDWATER RD LOUISBURG, KS 66053	Ship To: <b>BOBCAT OILFIELD SRVC, INC</b> (913) 837-2823  (913) 837-2823
Customer #: 3570021	Customer PO: Order By:

5TH T 27

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

*Copy 15-12 7/19/12*

*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
<b>X</b>				Non-taxable	0.00
				Tax #	
				Misc + Frgt	100.00
				Sales tax	312.36

**TOTAL \$4449.61**

2 - Customer Copy

