



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



1094837

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

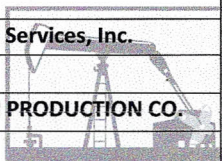
TUBING RECORD:      Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	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:
702' 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 #: 17-12
Location: SE-NE-NE-SW S24 T16 R21E
County: Miami
FSL: 2240 2247
FEL: 2640 2642
API#: 15-121-29162-00-00
Started: 6/7/12
Completed: 6/8/12

SN: 671'	Packer:	TD: 718'
Plugged:	Bottom Plug:	

## Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
2	2	Top Soil	5	601	Lime
5	7	Clay	2	603	Oil Sand (Shaley) (Poor Bleed)
6	13	Lime	16	619	Shale
2	15	Shale & Clay	4	623	Lime
14	29	Lime	5	628	Black shale
5	34	Black Shale	5	633	Lime
11	45	Lime	14	647	Shale (Limey)
8	53	Sandy Shale	4	651	Lime
18	71	Lime	6	657	Shale
7	78	Shale	1	658	Lime
2	80	Red Bed	6	664	Shale
2	82	Shale	1	665	Lime
10	92	Sandy Shale	6	671	Shale
5	97	Shale	3.5	674.5	Oil Sand (Some Shale) (Good Bleed)
15	112	Lime	2	676.5	Oil Sand (Some Shale) (Fair Bleed) (Some Water)
5	117	Shale	.5	677	Shale
5	122	Sand (Dry)	1	678	Oil Sand (Some Shale) (Fair Bleed) (Some Water)
79	201	Shale	1	679	Sandy Shale (Oil Sand Streaks)
19	220	Lime	1	680	Oil Sand Shale (Oil Sand Streaks)
4	224	Shale	9	689	Sandy Shale (Oil Sand Streaks)
12	236	Sand (Dry)			
19	225	Shale			
5	260	Lime			
18	278	Shale			
2	280	Lime			
10	290	Sand (Dry)			
2	292	Shale			Surface 6-7-12 Set Time 1:00pm Called 11:20am Russell
9	301	Lime			Longstring 702' 2 7/8 pipe TD 718
3	304	Shale			Set Time 12:00pm 6-8-12 Called 10:50am Alan
2	306	Lime			
16	322	Shale			
25	347	Lime			
10	357	Black Shale			
20	377	Lime			
5	382	Black Shale			
13	395	Lime			
164	559	Shale			
8	567	Lime			
6	573	Shale			
1	574	Lime			
22	596	Shale			



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County: Miami
FSL: <del>2240</del> 2247
FEL: <del>2640</del> 2642
API#: 15-121-29162-00-00
Started: 6/7/12
Completed: 6/8/12

# 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	671	0:00	0	Oil Sand (Some Shale) (Good Bleed)	674.3'
1	672	1:30	1.5		
2	673	2:30	1		
3	674	4:30	2		
4	675	6:30	2	Oil Sand (Some Shale) (Fair Bleed) (Some Water)	676.5'
5	676	8:00	1.5		
6	677	11:00	3	Shale	677.0'
				Oil Sand (Some Shale) (Fair Bleed) (Some Water)	678.0'
7	678	13:00	2		
				Sandy Shale (Oil Sand Streaks)	679.0'
8	679	18:30	5.5		
				Oil Sand (Some Shale) (Fair Bleed)	680.5'
9	680	21:00	2.5		
10	681	24:30	3.5	Sandy Shale (Oil Sand Streaks)	688.7'
11	682	28:00	3.5		
12	683	32:00	4		
13	684	36:30	4.5		
14	685	41:00	4.5		
15	686	45:30	4.5		
16	687	50:00	4.5		
17	688	53:30	3.5		
18	689	58:30	5	Shale	
19	690	1:04:00	5.5		
20	691	1:09:00	5		



# Avery Lumber

P.O. BOX 66  
MOUND CITY, KS 66056  
{913} 795-2210 FAX {913} 795-2194

Customer Copy

## INVOICE

THIS COPY MUST REMAIN AT  
MERCHANT AT ALL TIMES!

Page: 1

Invoice: **10041361**

Special :  
Instructions :

Time: 13:14:46  
Ship Date: 06/05/12  
Invoice Date: 06/08/12  
Due Date: 07/05/12

Sale rep #: MAVERY MIKE

Acct rep code:

REPRINT

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: BOB

popimg01

5TH

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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	1389.80
14.00	14.00	L	EA	CPQP	QUIKRETE PALLETS	17.0000 EA	17.0000	238.00

*Coyot*  
*17-12 6/8*

*913-837-4153*

*Faxed originally 6-8-12*

# 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
<b>X</b>				Non-taxable	0.00
				Tax #	
				Misc + Frgt	100.00
				Sales tax	318.37

**TOTAL \$4535.17**

1 - Customer Copy

