



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



1094840

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

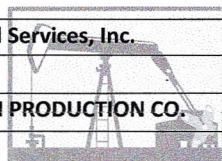
TUBING RECORD:      Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

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 (Specify) _____	<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: 20' 6"	Cemented: 5	Hole Size: 8 3/4
Longstring 707' 2 7/8 8 rnd	Cemented: 86 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 #: 18-12
Location: NE-SE-NE-SW S24 T16 R21E
County: Miami
FSL: <del>1760</del> 1762
FEL: <del>2640</del> 2643
API#: 15-121-29163-00-00
Started: 6/8/12
Completed: 6/11/12

SN: 678'	Packer:	TD: 719'
Plugged:	Bottom Plug:	

## Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
			3	587	Lime
			19	606	Shale
2	2	Top Soil	7	613	Lime
12	14	Clay	2.5	615.5	Oil Sand (Shaley) (Poor Bleed)
21	35	Lime	13.5	629	Shale
5	40	Black Shale	3	632	Lime
11	51	Lime	8	640	Black Shale
9	60	Shale (Limey)	18	658	Shale (Limey)
19	79	Lime	3	661	Lime
8	87	Shale	5	666	Shale
3	90	Red Bed	1	667	Lime
3	93	Shale	5	672	Shale
11	104	Sandy Shale	3	675	Lime
14	118	Lime	6.5	681.5	Shale
14	132	Shale	4	685.5	Oil Sand (Some Shale) (Poor Bleed) (Water)
10	142	Sand (Dry)	3.5	689	Oil Sand (Some Shale) (Fair Bleed) (Some Water)
10	152	Sandy Shale	3	692	Sandy Shale (Oil Sand Streak)
58	210	Shale	8	700	Sandy Shale
19	229	Lime	TD	719	Shale
7	236	Shale			
1	237	Lime			
3	240	Shale			
10	250	Sand (Dry)			
13	263	Shale			
5	268	Lime			
18	286	Shale			
13	299	Sand (Dry)			Surface 6-8-12 Set Time 1:00pm Called 10:50am Alan
10	309	Lime			Longstring 707' 2 7/8 pipe TD 719
3	312	Shale			Set Time 12:30pm 6-11-12 Called 11:15am Becky
1	313	Lime			
16	329	Shale			
24	353	Lime			
3	356	Shale			
6	362	Black Shale			
22	384	Lime			
4	388	Black Shale			
13	401	Lime			
105	506	Shale			
9	515	Sandy Shale			
52	567	Shale			
9	576	Lime			
8	584	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	682.5	0:00	0	Oil Sand (Some Shale) (Poor Bleed) (Water)	685.50'
1	683.5	2:00	2		
2	684.5	4:00	2		
3	685.5	6:00	2		
4	686.5	7:30	1.5	Oil Sand (Some Shale) (Fair Bleed) (Some Water)	689.00'
5	687.5	9:30	2		
6	688.5	11:30	2		
7	689.5	14:00	3.5	Sandy Shale (Oil Sand Streak)	692.00'
8	690.5	18:00	4		
9	691.5	21:30	3.5		
10	692.5	25:00	4.5	Sandy Shale	
11	693.5	29:30	4.5		
12	694.5	33:30	4		
13	695.5	38:30	5		
14	696.5	43:30	5		
15	697.5	48:30	5		
16	698.5	53:00	4.5		
17	699.5	58:00	5		
18					
19					
20					

COPY

**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: <b>10041361</b>
Special : Instructions :	Time: 13:14:46 Ship Date: 06/05/12 Invoice Date: 06/08/12 Due Date: 07/05/12
Sale rep #: <b>MAVERY MIKE</b>	Accl rep code:
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 #: <b>3570021</b>	Customer PO: Order By: <b>BOB</b>

**REPRINT**

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 13-12 6/5  
 14-12 6/6  
 15-12 6/7  
 Coyot 17-12 6/8  
 18-12 6/11  
 19-12 6/13*

*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 CONDIION				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

