



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: _____



1094847

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 Bbbs.	Gas Mcf	Water Bbbs.	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 <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:
39' 6"	7	8 3/4
Longstring	Cemented:	Hole Size:
734' 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 #: 20-12
Location: SE-NE-SE-SW S24 T16 R21E
County: Miami
FSL: 900 906
FEL: 2640 2643
API#: 15-121-29165-00-00
Started: 6/20/12
Completed: 6/21/12

SN: 704'	Packer:	TD: 739'
Plugged:	Bottom Plug:	

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
2	2	Top Soil	14	592	Shale
28	30	Clay	4	596	Lime
5	35	Lime	32	628	Shale
2	37	Clay	5	633	Lime
14	51	Lime	3	636	Light Shale (Oil Sand Streak)
5	56	Black Shale	16	652	Shale
12	68	Lime	4	656	Lime
9	77	Shale (Limey)	22	678	Shale (Limey)
17	94	Lime	7	685	Lime
6	100	Shale	12	697	Shale (Limey)
3	103	Red Bed	1	698	Lime
22	125	Shale	6	704	Light Shale
11	137	Lime	1	705	Light Sandy Shale
7	144	Shale	4	709	Oil Sand (Some Shale) (Good Bleed) (Slight Show of Oil)
1	145	Sand (Dry)	6	715	Oil Sand (Shaley) (Good Bleed) (Fractured between 710-711')
7	152	Shale	1.5	716.5	Oil Sand (Some Shale) (Good Bleed)
15	167	Sand (Dry)	2.5	719	Oil Sand (Shaley) (Good Bleed)
63	230	Shale	1	720	Oil Sand (Some Shaley) (Good Bleed)
20	250	Lime	1	721	Sandy Shale (Oil Sand Streak) (Poor Bleed)
6	256	Shale	3	724	Sandy Shale
12	268	Sand (Dry)	TD	739	Shale
6	274	Shale			
4	278	Shale (Limey)			
6	284	Shale			
5	289	Lime			
24	313	Shale			
14	327	Lime			Surface 6-20-12 Set Time 1:30pm Called 10:30am Judy
3	330	Black Shale			Longstring 734' 2 7/8 pipe TD 739
1	331	Lime			Set Time 2:30pm 6-21-12 Called 1:40pm Judy
16	347	Shale			
10	357	Lime			
1	358	Dark Shale			
14	372	Lime			
11	383	Black Shale			
20	403	Lime			
4	407	Black Shale			
3	410	Lime			
5	415	Shale (Limey)			
6	421	Lime			
156	577	Shale			
1	578	Lime			



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 Box 266, Mound City, Ks 66056
 Cell # 620-363-2683
 Office # 913-795-2991

Well #: 20-12
Location: SE-NE-SE-SW S24 T16 R21E
County: Miami
FSL: 900 <i>906</i>
FEL: 2640 <i>2643</i>
API#: 15-121-29165-00-00
Started: 6/20/12
Completed: 6/21/12

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

Core Run #1

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	706	0:00	0	Oil Sand (Some Shale) (Good Bleed) (Slight Show of Water)	709
1	707	1:00	1		
2	708	2:30	1.5		
3	709	4:00	1.5		
4	710	6:30	2.5	Oil Sand (Shaley) (Good Bleed) (Fractured Between 710' and 711')	715
5	711	8:30	2		
6	712	10:00	1.5		
7	713	12:30	2.5		
8	714	15:30	3		
9	715	17:30	2		
10	716	20:30	3	Oil Sand (Some Shale) (Good Bleed)	716.5
11	717	23:00	2.5	Oil Sand (Shaley) (Good Bleed)	719
12	718	26:00	3		
13	719	30:00	4		
14	720			Oil Sand (Some Shale) (Good Bleed)	720
15				Sandy Shale	
16					
17					
18					
19					
20					

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 :	Time: 13:43:45
Instructions :	Ship Date: 06/14/12
:	Invoice Date: 06/18/12
Sale rep #: MAVERY MIKE	Acct rep code:
Due Date: 07/05/12	
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

Copy 20-12 6/21

Direct Delivery

913-837-4155

INVOICE

FILLED BY _____ CHECKED BY _____ DATE SHIPPED _____ DRIVER _____ SHIP VIA MIAMI COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION X	Freight 100.00 Taxable 3978.15 Non-taxable 0.00 Tax # _____	Sales total \$3878.15 Misc + Frgt 100.00 Sales tax 300.35
	TOTAL \$4278.50	

1 - Merchant Copy

