



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: _____



1094875

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

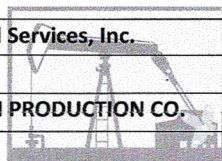
TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

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 <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: 20' 6"	Cemented: 5 sacks	Hole Size: 8 3/4
Longstring 705' 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 #: 29-12
Location: SE-NW-NE-SW S24 T16 R21E
County: Miami
FSL: 2240 2248
FEL: 3520 3523
API#: 15-121-29170-00-00
Started: 7/5/12
Completed: 7/6/12

SN:	Packer:	TD: 715'
Plugged:	Bottom Plug:	

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
2	2	Top Soil	5	654	Lime
7	9	Clay	14	668	Shale (Limey)
11	25	Lime	1	669	Lime
5	30	Black shale	5	674	Shale
10	40	Lime	1	675	Oil Sand (Shaley) (Poor Bleed)
9	49	Shale (Limey)	4.5	679.5	Oil Sand (Good Bleed)
20	69	Lime	1	680.5	Lime (Some Shale)
3	72	Shale	1.5	682	Oil Sand (Good Bleed)
3	75	Red Bed	2	684	Gas & Oil Sand (Some Oil Show)
4	79	Shale	1	685	Sandy Shale (Oil Sand Streak)
16	95	Sand (Dry)	5	690	Sandy Shale
15	110	Lime	TD	715	Shale
7	117	Shale			
14	131	Sandy Shale			
6	137	Sand (Dry)			
66	203	Shale			
19	222	Lime			
6	228	Shale			
10	238	Sand (Dry)			
14	252	Shale			
9	261	Lime			
27	288	Shale			
1	289	Lime			
3	292	Shale			
8	300	Lime			
4	304	Shale			
1	305	Lime			Surface 7-5-12 Set Time 1:00pm Called 10:30am Judy
16	321	Shale			Longstring 705' 2 7/8 pipe TD 715'
26	347	Lime			Set Time 12:00pm 7-6-12 Called 10:40am Judy
10	357	Shale			
20	377	Lime			
5	382	Shale			
12	394	Lime			
166	560	Shale			
6	566	Lime			
30	596	Shale			
6	602	Lime			
2	604	Oil Sand (Very Shaley) (Poor Bleed)			
16	620	Shale			
4	624	Lime			
25	649	Shale (Limey)			



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OPR #:	4339

Core Run #1

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	675	0:00	0	Oil Sand (Good Bleed)	679.50'
1	676	1:00	1		
2	677	2:00	1		
3	678	3:00	1		
4	679	4:00	1		
5	680	5:30	1.5	Lime (Some Shale)	680.60'
6	681	8:00	2.5	Oil Sand (Good Bleed)	682.00'
7	682	9:00	1	Gas & Oil Sand (Some Oil Show)	683.70'
8	683	10:30	1.5		
9	684	13:30	3	Sandy Shale (Oil Sand Streak)	685.10'
10	685	18:00	4.5	Sandy Shale	
11	686	23:00	5		
12	687	28:00	5		
13					
14					
15					
16					
17					
18					
19					
20					

Avery Lumber

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

Customer Copy

Copy

INVOICE

PLEASE REFER TO INVOICE NUMBER ON ALL CORRESPONDENCE

Page: 1

Invoice: **10042058**

Special :	Time: 09:17:02
Instructions :	Ship Date: 07/05/12
	Invoice Date: 07/06/12
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:

pppimg01 5TH T 27

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
350.00	350.00	L	BAG	CPPC	PORTLAND CEMENT	8.8900 BAG	8.8900	3111.50
160.00	160.00	L	BAG	CPPM	POST SET FLY ASH 75#	5.7900 BAG	5.7900	926.40
14.00	14.00	L	EA	CPQP	QUIKRETE PALLETS	17.0000 EA	17.0000	238.00

*Coyot 2912
7/6*

DIRECT DELIVERY

913-837-4159

INVOICE

FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	\$4275.90
SHIP VIA MIAMI COUNTY				Freight	100.00
RECEIVED COMPLETE AND IN GOOD CONDITION				Taxable	4375.90
X				Non-taxable	0.00
				Tax #	
				Misc + Frgt	100.00
				Sales tax	330.38

TOTAL \$4706.28

2 - Customer Copy

