



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: _____



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 <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; text-align: center;">Name</td> <td style="width:15%; text-align: center;">Top</td> <td style="width:15%; text-align: center;">Datum</td> </tr> </table>	Name	Top	Datum
Name	Top	Datum		

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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

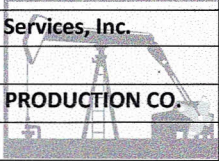
TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

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:	Orest Jones	
Owner:	Bobcat Oilfield Services, Inc.	
OPR #:	3895	
Contractor:	DALE JACKSON PRODUCTION CO.	
OPR #:	4339	
Surface: 20' of 6"	Cemented: 5 SACKS	Hole Size: 8 3/4
Longstring 473' 2 7/8 8 Rnd	Cemented: 60 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 #: 3AW-12 <i>E E E W</i>
Location: SW-NW-SW-NE S21T17R25E
County: Miami
FSL: 3525- <i>3530</i>
FEL: 2620 <i>2667</i>
API#: 15-121-29334-00-00
Started: 10/25/12
Completed: 10/26/12

SN:	Packer:	TD: 480'
Plugged:	Bottom Plug:	

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
1	1	Top Soil	4	478	Lime
12	13	Clay	2	480	Shale - Total Depth
19	32	Lime			
50	82	Shale			
1	92	Lime			
7	99	Shale			
11	110	Sandy Shale			
1	111	Coal			
24	135	Shale			
2	137	Lime			
5	142	Black Shale			
15	1557	Shale			
8	165	Sandy Shale			
13	178	Shale			
8	186	Lime			
14	200	Shale			
31	231	Lime			
8	239	Black Shale			
22	261	Lime			
5	266	Black Shale			
16	282	Lime			
2	284	Black Shale			
96	380	Shale			
6	386	Sandy Shale			
27	413	Shale			
1	414	Black Shale			
2	416	Light Shale			Surface 10/25/12 Set Time 4:45pm - Called 3:18pm Brooke
1	417	Sandy Shale (Oil Sand Streak)			Longstring 473' 2 7/8" 8 Rnd TD 480'
2	419	Oil Sand (Shaley) - Fair Bleed			Set Time 3:30pm Called 2:30pm 10/26/12 Brooke
1	420	Sandy Shale (Water)			
1	421	Lime			
1.5	422.5	Oil Sand (Limey) - Poor Bleed			
.5	423	Lime			
2.5	425.5	Oil Sand (Oil & Water) - Fair Bleed			
2.5	428	Oil Sand (Shaley) - Fair Bleed			
2.5	430.5	Sand (Dry)			
1	431.5	Lime			
1.5	433	Sand (Dry)			
13	446	Shale			
8	454	Gas Sand (Oil Sand Streak) - Fair Oil Show			
20	474	Shale			



Dale Jackson Production Co.
 Box 266, Mound City, Ks 66056
 Cell # 620-363-2683
 Office # 913-795-2991

Well #: 3AW-12
Location: SW-NW-SW-NE S21 T17 R25E
County: Miami
FSL: 3525 3530
FEL: 2620 2607
API#: 15-121-29334-00-00
Started: 10/25/12
Completed: 10/26/12

Core Run #1

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

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	418	0:00	0	Oil Sand (Shaley) (Fair Bleed)	419.0'
1	419	0:30	.5		
2	420	1:30	1	Sandy Shale (Water)	420.0'
3	421	3:00	1.5	Lime	421.0'
4	422	4:00	1	Oil Sand (Limey)	422.5'
5	423	7:00	3	Lime	423.0'
6	424	7:30	.5	Oil Sand (Oil & Water) (Fair Bleed) (Some Shale)	425.5'
7	425	8:00	.5		
8	426	9:00	1	Oil sand (Some Shale) (Fair Bleed)	428.0'
9	427	10:00	1		
10	428	11:00	1		
11	429	12:30	1.5	Sand (Dry)	430.5'
12	430	14:00	1.5		
13	431	17:30	3.5	Lime	431.5'
14	432	19:30	2	Sand (Dry)	433.0'
15	433	21:00	1.5		
16	434	23:30	2.5	Shale	
17	435	26:00	2.5		
18	436	31:30	5.5		
19	437				
20	438				

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: 10044764	
Special :		Time:	15:52:33
Instructions :		Ship Date:	10/15/12
		Invoice Date:	10/16/12
Sale rep #: MAVERY MIKE	Acct rep code:	Due Date:	11/05/12
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: CLINT	

popimg01

5TH
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ORDER	SHIP	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	EA	CPQP	QUIKRETE PALLETS	17.0000 EA	17.0000	238.00

*Jones
3/11/12*

DIRECT DELIVERY

PHONE ORDER BY CLINT

INVOICE

913-837-4151

FILLED BY _____ CHECKED BY _____ DATE SHIPPED _____ DRIVER _____ SHIP VIA MIAMI COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION X	Freight	100.00	Sales total	\$4116.80
	Taxable	4216.80	Misc + Frgt	100.00
	Non-taxable	0.00	Sales tax	318.37
	Tax #			

TOTAL \$4535.17

2 - Customer Copy

