



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



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

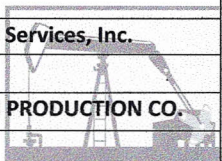
TUBING RECORD:      Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

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> <input type="checkbox"/> Other (Specify) _____ <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
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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 457' 2 7/8 8 Rnd	Cemented: 62 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 #: 4W-12
Location: SW-SE-NW-NE S21T17R25E
County: Miami
FSL: 4075 4085
FEL: 1775 1790
API#: 15-121-29272-00-00
Started: 10/3/12
Completed: 10/4/12

SN: None	Packer:	TD: 475'
Plugged:	Bottom Plug:	

## Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
1	1	Top Soil	1.5	440	Shale (Oil Sand Streak)
7	8	Clay	15	455	Shale
30	38	Lime	9	464	Gas Sand (Slight Oil Show)
2	40	Shale	8	472	Sandy Shale
4	44	Lime (Shaley)	TD	475	Shale
46	90	Shale			
7	97	Lime			
10	107	Shale			
13	120	Sandy shale			
1	121	Coal			
21	142	Shale			
3	145	Lime			
3	148	Black Shale			
1	149	Lime			
16	165	Shale			
10	175	Sandy Shale			
12	187	Shale			
7	194	Lime			
16	210	Shale			
31	241	Lime			
2	243	Shale			
5	248	Black shale			
18	266	Lime			
5	271	Black Shale			
14	285	Lime			
2	287	Black Shale			
3	290	Shale			Surface 10/3/12 Set Time 4:30pm Called 2:15pm Brooke
10	300	Sandy Shale			Longstring 457' 2 7/8 8 Rnd TD 475'
88	388	Shale			Set Time 3:30pm Called 2:15pm 10/4/12 Judy
12	400	Sandy Shale			
20	420	Shale			
2	422	Coal			
2	424	Light Sandy Shale			
2.5	426.5	Oil Sand (Good Bleed)			
2.5	429	Oil Sand (Water)			
.5	429.5	Lime			
2.5	432	Oil Sand (Good Bleed) (Some Lime Streak)			
3	435	Oil Sand (Good Bleed) (Oil & Some Water)			
.5	435.5	Oil Sand "Water"			
1	436.5	Lime			
2	438.5	Gas Sand (Some Shale) (No Oil)			



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# 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	424	0:00	0	Oil Sand (Good Bleed)	436.5
1	425	0:30	.5		
2	426	1:30	.5		
3	427	2:30	1	Oil Sand ("Water")	429
4	428	3:30	.5		
5	429	9:00	.5		
				Lime	429.5
6	430	13:00	2.5	Oil Sand (Good Bleed) (Some Lime Streak)	432
7	431	15:00	.5		
8	432	16:00	1.5		
				Oil Sand (Good Bleed) (Oil & Some Water)	435
9	433	17:00	.5		
10	434	18:30	1		
11	435	20:00	1		
				Oil Sand ("Water")	435.5
12	436	21:00	3.5	Lime	436.5
13	437	22:30	2.5	Gas Sand (Some Shale) (No Oil)	438.5
14	438	24:30	1		
15	439	25:30	1.5	Shale (Gas Sand Streak)	
16	440	27:30	2		
17					
18					
19					
20					



Page: 1	Invoice: <b>10044348</b>
Special : Instructions : Sale rep #: <b>MAVERY MIKE</b>	Time: 16:12:52 Ship Date: 09/27/12 Invoice Date: 10/01/12 Due Date: 11/05/12 Acct 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 #: 3570021	Customer PO: Order By: CLINT

popimg01 5TH T 26

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

*Orest Jones  
4W12*

*913-837-4159*

*Phone order by Clint*

*Delivered to 5535 311<sup>th</sup> St.*

*Louisburg*

# INVOICE

FILLED BY _____ CHECKED BY _____ DATE SHIPPED _____ DRIVER _____  SHIP VIA MIAMI COUNTY  RECEIVED COMPLETE AND IN GOOD CONDITION  <b>X</b>	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

