



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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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 (Specify) _____	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 470' 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 #:4AW-12 <i>EEFW</i>
Location:SW-SW-SW-NE S21T17R25E
County: Miami
FSL: 2910 <i>2917</i>
FEL: 2620 <i>2661</i>
API#: 15-121-29335-00-00
Started: 10/24/12
Completed: 10/25/12

SN: 431'	Packer:	TD: 475'
Plugged:	Bottom Plug:	

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
1	1	Top Soil			
41	42	Lime			
50	92	Shale			
11	103	Lime			
23	126	Sand (Shaley)			
1	127	Coal			
17	144	Shale			
3	147	Lime			
5	152	Black Shale			
35	187	Sandy Shale			
9	196	Lime			
14	210	Shale			
32	242	Lime			
3	245	Black Shale			
4	249	Shale			
21	270	Lime			
2	272	Black Shale			
5	277	Lime (Shaley)			
2	279	Shale			
10	289	Lime			
1	290	Black Shale			
100	390	Shale			
29	419	Light Shale			
1	420	Black Shale			
5	425	Light shale			
5	430	Shale (Limey)			
1.5	431.5	Sandy Shale (Oil Sand Streak)			Surface 10/24/12 Set Time 4:00pm - Called 1:50pm Brooke
.5	432	Lime			Longstring 470' 2 7/8" 8 Rnd TD 475'
2	434	Oil Sand (Shaley)-Poor Bleed-(Heavily Fractured)			Set Time 4:30pm Called 3:18pm 10/25/12 Brooke
1.5	435.5	Oil Sand (Good Bleed)			
.25	435.75	Lime			
1.25	437	Oil Sand (Fair Bleed)			
3	440	Oil Sand (Limey) - Poor Bleed			
1.5	441.5	Sand (Limey) - No Oil Show			
10.5	452	Shale			
6	458	Sandy Shale			
5	463	Sand (Dry)			
12	475	Shale - Total Depth			



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

Well #: 4AW-12
Location: SW-SW-SW-NE S21 T17 R25E
County: Miami
FSL: 2910 2917
FEL: 2620 2621
API#: 15-121-29335-00-00
Started: 10/24/12
Completed: 10/24/12

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	431	0:00	0	Sandy Shale (Oil Sand Streak)	431.7'
1	432	1:00	1	Lime	432.1'
2	433	2:00	1	Oil Sand (Shaley) (Poor Bleed) (Heavily Fractured)	433.9'
3	434	2:30	.5	Oil Sand (Good Bleed)	435.4'
4	435	3:00	.5	Lime	435.7'
5	436	4:00	1	Oil Sand (Fair Bleed)	
6	437	7:00	3		
7	438				
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					

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	

poplmg01

6TH
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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

*Jones
4AW-12*

DIRECT DELIVERY

PHONE ORDER BY CLINT

INVOICE

913-837-4151

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

TOTAL \$4535.17

2 - Customer Copy

