



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: _____



1100173

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:	Cemented:	Hole Size:
20' of 6"		
Longstring	Cemented:	Hole Size:
451' 2 7/8 8 Rnd	65 sacks	5 5/8

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

Well #: 5W-12
Location: NW-NE-SW-NE S21T17R25E
County: Miami
FSL: 3775 3764
FEL: 1775 1763
API#: 15-121-29273-00-00
Started: 10/12/12
Completed: 10/15/12

SN: None	Packer:	TD: 460'
Plugged:	Bottom Plug:	

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
1	1	Top Soil	TD	460	Sandy Shale
7	8	Clay			
27	35	Lime			
51	86	Shale			
9	95	Lime			
4	99	Shale			
18	117	Sandy Shale			
1	118	Coal			
21	139	Shale			
2	141	Lime			
3	144	Black Shale			
6	15	Shale (Limey)			
15	165	Shale			
19	184	Sandy Shale			
6	190	Lime			
17	207	Shale			
30	237	Lime			
2	239	Shale			
5	244	Black Shale			
20	264	Lime			
4	268	Black Shale			
2	270	Lime			
3	273	Shale			
11	284	Lime			
2	286	Black Shale			
101	387	Shale			
8	395	Sandy Shale			Surface 10/12/12 Set Time 3:30pm Called 1:40pm Brooke
23	418	Shale			Longstring 451' 2 7/8" 8 Rnd TD 460
1	420	Black Shale			Set Time 3:30pm Called 2:30pm 10/15/12 John
1	421	Shaley			
1	422	Oil Sand (Fair Bleed) (Shaley)			
3	425	Oil Sand (Oil & Water) (Fair Bleed)			
2	427	Oil Sand (Some Water) (Fair Bleed)			
2	429	Lime (Some Oil Show)			
2	431	Oil Sand (Fair Bleed) (Some Water)			
.5	431.5	Lime			
1	432.5	Oil Sand (Fair Bleed) (Some Water)			
2	434.5	Sand (Oil Sand Lenses)			
2	436.5	Lime			
15.5	452	Shale			
7	459	Gas Sand (Oil Laminated) (Poor Bleed)			



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

Well #: 5W-12
Location: NW-NE-SW-NE S21 T17 R25E
County: Miami
FSL: 3775 <i>3764</i>
FEL: 1775 <i>1763</i>
API#: 15-121-29273-00-00
Started: 10/12/12
Completed: 10/15/12

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	419	0:00	0	Black Shale	419.60'
1	420	1:00	1	Shale	421.20'
2	421	2:00	1		
				Oil Sand (Shaley) (Fair Bleed)	422.15'
3	422	3:00	1		
				Oil Sand (Oil & Water)	425.00'
4	423	3:30	.5		
5	424	4:00	.5		
6	425	4:30	.5		
				Oil Sand (Fair Bleed) (Some Water)	427.0'
7	426	4:45	.25		
8	427	5:15	.5		
				Lime (Oil Show)	429.15'
9	428	7:00	1.75		
10	429	10:00	3		
				Oil Sand (Fair Bleed) (Some Water)	431.20'
11	430	11:00	1		
12	431	11:30	.5		
				Lime	431.75'
13	432	13:00	1.5		
				Oil Sand (Fair Bleed) (Some Water)	432.75'
14	433	14:00	1		
				Sand (Oil Sand Lenses)	434.50'
15	434	15:00	1		
16	435	17:00	2		
				Lime	436.60'
17	436	18:30	1.5		
18	437	20:00	1.5		
				Shale	
19	438	21:30	1.5		
20	439	23:00	1.5		

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 :		Shp 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		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:	CLINT

pop/mg01

6TH
T 28

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 5W-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

