



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 <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
_____ 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.			Producing Method:			
			<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity	

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> _____	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:	Hole Size:
Longstring 470' 2 7/8 8 Rnd	Cemented: 63 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 #: 7W-12
Location: NW-SW-SW-NE S21T17R25E
County: Miami
FSL: 3185 3201
FEL: 2395 2387
API#: 15-121-29275-00-00
Started: 10/9/12
Completed: 10/10/12

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

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
1	1	Top Soil Rocky			
38	39	Lime			
47	86	Shale			
10	96	Lime			
9	105	Shale			
10	115	Sandy Shale			
3	118	Shale			
1	119	Coal			
18	137	Shale			
2	139	Lime			
6	145	Black Shale			
34	179	Sandy Shale			
8	187	Lime			
16	203	Shale			
31	234	Lime			
7	241	Shale			
21	262	Lime			
8	270	Shale (Limey)			
12	282	Lime			
3	285	Black Shale			
9	294	Sandy Shale (Limey)			
88	380	Shale			
5	385	Sandy shale			
29	414	Shale			
1	415	Black Shale			
2	417	Light Shale			
2.5	419.5	Sandy Shale (Oil Sand Streak) (Water)			Surface 10/9/12 Set Time 3:30pm Called 1:00pm Brooke
1.5	421	Oil Sand (Limey) (Fair Bleed)			Longstring 470' 2 7/8" 8 Rnd TD 475
.5	421.5	Lime			Set Time 3:30pm Called 2:30pm 10/10/12 Brooke
1.5	423	Oil Sand (Limey) (Oil & Water) (Fair Bleed)			
2	425	Lime (2" Sand Streak in Middle) (Water)			
1	426	Oil Sand (Fair Bleed)			
4.5	430.5	Oil sand (Water & Some Oil) (Poor Bleed)			
3	433.5	Limey Sand (Some Show of Oil) (Poor Bleed)			
12.5	446	Shale			
8	454	Sand (Dry)			
9	463	Sandy Shale			
9	472	Shale			
TD	475	Lime			



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Core Run #1

Lease :	Orest Jones
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OPR #:	3895
Contractor:	DALE JACKSON PRODUCTION CO.
OPR #:	4339

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	418	0:00	0	Sandy Shale	419.5'
1	419	1:00	1		
2	420	2:00	1	Oil Sand (Limey) (Fair Bleed)	421.0'
3	421	3:30	1.5	Lime	421.5'
4	422	4:30	1		
5	423	6:00	1.5	Oil Sand (Limey) (Oil & Water)	423.0'
6	424	7:00	1	Lime 2" Sand Streak In Middle (Water)	425.0'
7	425	8:30	1.5		
8	426	9:30	1	Oil Sand (Fair Bleed)	426.0'
9	427	10:00	.5	Oil Sand (Water & Some Oil)	430.5'
10	428	11:00	1		
11	429	11:30	.5		
12	430	12:30	1	Limey Sand (Some Show of Oil) (Poor Bleed)	433.5'
13	431	15:30	3		
14	432	17:30	2		
15	433	20:00	2.5	Shale	
16	434	22:00	2		
17	435	24:00	2		
18	436	26:30	2.5		
19	437	28:30	2		
20	438	30:30	2		

Avery Lumber 913-795-2194
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: 10044348
Special : Instructions :	Time: 16:12:52 Ship Date: 09/27/12 Invoice Date: 10/01/12 Due Date: 11/05/12
Sale rep #: MAVERY MIKE	Accl rep code:
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 7 25

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
7W-12*

913-837-4159

Phone order by Clint

Delivered to 5535 311th St.

Louisburg

INVOICE

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

