



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  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

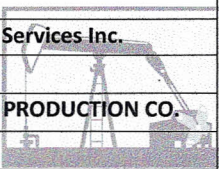
TUBING RECORD: Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

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:	Burriss	
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: 517' Ft. Of 2 7/8 8rd	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 #: 2W-12
Location: SE SE SW SW S12 T17 R24E
County: Miami
FSL: 60
FEL: 4035
API#: 15-121-29369-00-00
Started: 11-29-12
Completed: 12-03-12

SN: NONE	Packer: NONE	TD: 521' Ft
Plugged:	Bottom Plug:	

## Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
1	1	Top Soil	2.5	491.5	Oil Sand (Fair Bleed) (Slight Show Of Water)
7	8	Clay	.5	492	Gas Sand
43	51	Lime (Clay Streak) (Taking Fluid)	10	502	Shale
50	101	Shale	4	506	Lime
10	111	Lime	TD	521	Shale Limey
18	139	Shale			
5	144	Lime			
50	194	Shale			
8	202	Lime			
15	217	Shale			
28	245	Lime			
6	251	Black Shale			
6	257	Shale			
17	274	Lime			
4	278	Black Shale			Surface 11-29-12
2	280	Lime			Set Time 5:30 PM
6	286	Shale			Called 3:20 PM – Talked To Brooke
5	291	Lime			
3	294	Shale			Well TD 521'
6	300	Sandy Shale (Oil Show)			Longstring 517' 2 7/8" 8rd Pipe
11	311	Shale			Set Time 4:30 PM 12-03-12
23	334	Gas Sand (Slight Oil Show)			Called 3:15 PM – Talked To Brooke
701	404	Shale			
4	408	Sandy Shale (Oil Show)			
3	411	Oil Sand (Shaley) (Fair Bleed)			
3	414	Sandy Shale (Oil Show)			
3	417	Sandy Shale (Odor)			
19	436	Shale			
2	438	Black Shale			
32	470	Shale			
2	472	Shale (Limey)			
3.5	475.5	Oil Sand (Shaley) (Fair Bleed)			
2	477.5	Oil Sand (Some Shale) (Oil & Water) (Fair Bleed)			
2	479.5	Oil Sand (Water/Some Oil) (Some Shale) (Poor Bleed)			
.5	480	Lime			
.5	480.5	Oil Sand ("Water")			
.5	481	Lime			
2	483	Oil Sand (Oil & Water) (Fair Bleed)			
2	485	Sand (Dry) (Limey)			
1	486	Oil Sand (Oil & Water) (Fair Bleed)			
3	489	Oil Sand (Good Bleed) (Slight Show Of Water)			



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FSL: 60
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Started: 11-29-12
Completed: 12-03-12

# Core Run #1

Lease :	Burris
Owner:	Bobcat oilfield Services Inc.
OPR #:	3895
Contractor:	DALE JACKSON PRODUCTION CO.
OPR #:	4339

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	474	0:00	0	Oil Sand (Shaley) (Fair Bleed)	475.5'
1	475	1:30	1.5		
2	476	2:30	1	Oil Sand (Some Shale) (Oil & Water ) (Fair Bleed)	477.5'
3	477	3:30	1		
4	478	4:00	.5	Oil Sand (Some Shale) (Water & Oil) (Poor Bleed)	479.5'
5	479	5:00	1		
6	480	6:30	1.5	Lime	480'
				Oil Sand ("Water")	480.5'
7	481	7:30	1	Lime	481'
				Oil Sand (Oil & Water) Fair Bleed)	483'
8	482	8:00	.5		
9	483	9:00	1		
				Sand (Dry) (Limey)	485'
10	484	10:00	1		
11	485	11:00	1		
				Oil Sand (Oil & Water) (Fair Bleed)	486'
12	486	12:00	1		
				Oil Sand (Good Bleed) (Slight Show Of Water)	489'
13	487	13:00	1		
14	488	14:00	1		
15	489	15:00	1		
				Oil Sand ( Fair Bleed) (Slight Show Of Water)	491.5'
16	490	15:30	.5		
17	491	16:00	.5		
18	492	17:00	1	Gas Sand	492'
19	493	20:30	3.5	Shale	
20	494	24:30	4		

# 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: <b>10045770</b>
Special : Instructions :	Time: 14:54:09 Ship Date: 11/28/12 Invoice Date: 11/30/12 Due Date: 01/05/13
Sale rep #: MAVERY MIKE	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: BOB

paping01

5TH  
T 27

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

INVOICE

OK RE  
Burris  
2/12

DIRECT DELIVERY  
PHONE ORDER BY BOB

913-837-4159

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

**TOTAL \$4535.17**

2 - Customer Copy

