



**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:	BURRIS	
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: 532' FT. OF 2 7/8 8rd	Cemented: 65 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 #: 16W-12
Location: NE,SW,SE,SW,S12,T17,R24
County: MIAMI
FSL:347
FEL: 3544
API#: 15-121-29409-00-00
Started: 1/11/13
Completed: 1/16/13

SN: NONE	Packer: NONE
Plugged:	Bottom Plug:

TD: 536' FT.

## Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
1	1	Top Soil	2.5	488.5	Black Sand (Limey) (No Oil) (Some Gas)
5	6	Clay	4.5	493	Black Sand (Some Shale) (No Oil) (Gas & Some Water)
51	57	Lime	12	505	Shale
47	104	Shale	4	509	Lime
8	112	Lime	5	514	Shale (Limey)
5	117	Shale	4	518	Lime
9	126	Sand (Oil & Water)	6	524	Shale
7	133	Sand (Odor) (Water)	8	532	Lime
11	144	Shale	3	535	Oil Sand (Some Shale) (Fair Bleed)
5	149	Lime	TD	536	Shale
17	166	Shale			
15	181	Sandy Shale (Odor)			
19	20	Shale			
9	209	Lime			
14	223	Shale			
27	250	Lime			
8	258	Black Shale			
4	262	Lime (Shaley)			
18	280	Lime			SET SURFACE 1/11/13
4	284	Shale Black			SET TIME 11:30 A.M.
3	287	Lime			CALLED IN 9:30 A.M. TALKED TO BROOKE
4	291	Shale			WELL TD 536' FT.
6	297	Lime			LONG STRING 532' FT OF 2 7/8" 8RD PIPE
3	300	Shale			SET TIME 11:30A.M. 1/16/13
4	304	Shale (Limey)			CALLED IN 10:30 A.M. TALKED TO JUDY
3	307	Shale (Sand Streak) (Odor)			
28	335	Shale			
11	346	Sand (Dry) (Shaley)			
64	410	Shale			
6	416	Sandy Shale (Oil Sand Streak)			
27	443	Shale			
1	444	Black Shale			
29	473	Shale			
1	474	Shale (Oil Sand Streak) (Limey)			
3	477	Oil Sand (Shaley) (Good Bleed)			
.5	477.5	Sandy Streak			
1	478.5	Oil Sand (Oil & Water) (Fair Bleed)			
1.5	480	Sandy Shale (Some Oil Sand Streak) (Poor Bleed)			
1	481	Oil Sand (Oil Water) (Fair Bleed) (Some Shale)			
3.5	484.5	Oil Sand (Good Bleed)			
1.5	486	Oil Sand (Very Limey) (Good Bleed)			



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# 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	476	0:00	-----	OIL SAND (SHALEY) (GOOD BLEED)	477'
1	477	1:00	1		
2	478	3:00	2	SANDY SHALE	477.5'
				OIL SAND (OIL & WATER) (FAIR BLEED)	478.5'
3	479	5:00	2		
				SANDY SHALE	480'
4	480	6:30	1.5		
5	481	7:30	1	OIL SAND (OIL & WATER) (FAIR BLEED) (SOME SHALE)	481'
6	482	8:00	.5		
				OIL SAND (GOOD BLEED) (SOME SHALE)	484.5'
7	483	9:00	1		
8	484	9:30	.5		
9	485	11:00	1.5		
				OIL SAND (VERY LIMEY) (GOOD BLEED)	486'
10	486	12:30	1.5		
11	487	14:30	2		
				BLACK SAND (LIMEY) (NO OIL) (SOME GAS)	488.5'
12	488	16:00	1.5		
13	489	17:30	1.5		
14	490	18:30	1		
15	491	20:00	1.5		
				BLACK SAND (NO OIL) (SOME SHALE) (GAS & SOME WATER)	493'
16	492	21:00	1		
17	493	23:00	2		
18	494	24:00	1		
19	495	25:00	1	SHALE	
20	496	26:00	1		

# 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>10046461</b>
Special : Instructions :	Time: 11:16:09 Ship Date: 01/07/13 Invoice Date: 01/11/13 Due Date: 02/05/13
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: CLINT

posimg01

5TH  
T 28

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
380.00	380.00	L	BAG	CPPC	PORTLAND CEMENT	8.8900 BAG	8.8900	3378.20
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

*Burnis  
16W-12*

*PHONE ORDER BY CLINT  
DIRECT DELIVERY*

# INVOICE

*913-837-4154*

FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	\$5005.80
SHIP VIA MIAMI COUNTY				Freight	100.00
RECEIVED COMPLETE AND IN GOOD CONDITION				Taxable	5105.80
X				Non-taxable	0.00
				Sales tax	

**TOTAL \$5491.29**

2 - Customer Copy

