



**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: 504' 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 #: 17W-12
Location: SW,NE,SW,SW,S12,T17,R24
County: MIAMI
FSL:662
FEL: 4535
API#: 15-121-29410-00-00
Started: 1/22/13
Completed: 1/23/13

SN: NONE	Packer: NONE
Plugged:	Bottom Plug:

TD: 508' FT.

## Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
1	1	Top Soil	3	506	Oil Sand (Shaley) (Fair Bleed)
5	6	Clay	TD	508	Shale
26	32	Lime			
50	82	Shale			
9	91	Lime			
18	119	Shale			
6	125	Lime			
22	147	Shaley			
7	154	Shale (Oil Sand Streak)			
18	172	Shale			
10	182	Lime (Broken)			
14	196	Shale			
29	225	Lime			
6	231	Black Shale			
21	252	Lime			
4	256	Black Shale			
2	258	Lime			
6	264	Shale			
5	269	Lime			SET SURFACE 1/22/13
2	271	Shale			SET TIME 5:30 P.M.
5	276	Shale (Oil Sand Streak)			CALLED IN 3:30 P.M. TALKED TO BROOKE
19	295	Shale			WELL TD 508' FT.
21	316	Sand (Dry) (Slight Oil Show - Bottom 10' Ft.)			LONG STRING 504' FT. OF 2 7/8" 8RD PIPE
5	321	Sandy Shale			SET TIME 4:00 P.M. 1/23/13
58	379	Shale			CALLED IN 3:00 P.M. TALKED TO BROOKE
9	388	Sandy Shale (Oil Show)			
25	413	Shale			
1	414	Black Shale			
33	447	Shale			
1	448	Lime (Shaley) (Odor)			
4.5	452.5	Oil Sand (Some Shale) (Water & Very Little Oil)			
5	457.5	Oil Sand (Some Shale) (Oil & Water) (Fair Bleed)			
1	458.5	Sand (Dry) (Limey)			
4	462.5	Oil Sand (Water & Some Oil) (Poor Bleed) (Some Shale)			
2	464.5	Oil Sand (Good Bleed) (Some Water) (Some Shale)			
11.5	476	Shale			
2	478	Lime			
5	483	Shale			
6	489	Shale (Limey)			
7	496	Shale			
7	503	lime			



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 Office # 913-795-2991

Well #: 17W-12
Location: SW,NE,SW,SW,S12,T17,R24
County: MIAMI
FSL: 662
FEL: 4535
API#: 15-121-29413-00-00
Started: 1/22/13
Completed: 1/23/13

# 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	450	0:00	-----		
1	451	0:30	.5	OIL SAND (WATER) (VERY LITTLE OIL) (SOME SHALE)	452.5'
2	452	2:00	1.5		
3	453	3:00	1		
4	454	4:30	1.5		
5	455	6:00	1.5	OIL SAND (SOME SHALE) (FAIR BLEED) (OIL & WATER)	457.5'
6	456	7:00	1		
7	457	8:30	1.5		
8	458	11:00	2.5	SAND (LIMEY) (DRY)	458.5'
9	459	12:30	1.2		
10	460	14:30	2		
11	461	16:30	2	OIL SAND (WATER & SOME OIL) (POOR BLEED) (SOME SHALE)	462.5'
12	462	18:30	2		
13	463	20:30	2		
14	464	21:30	1	OIL SAND (GOOD BLEED) (SOME WATER) (SOME SHALE)	464.5'
15	465	24:00	2.5		
16	466	27:00	3	SHALE	
17	467	30:00	3		
18	468	32:30	2.5		
19	469	34:30	2		
20	470	39:00	4.5		

**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: <b>10046461</b>	
Special :		Time:	11:16:09
Instructions :		Ship Date:	01/07/13
		Invoice Date:	01/11/13
Sale rep #: MAVERY MIKE	Acct rep code:	Due Date:	02/05/13
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	

pppimg01 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

Burris  
17W-12

PHONE ORDER BY CLINT  
DIRECT DELIVERY

INVOICE

913-837-4159

<b>X</b>	FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER	Freight	100.00	Sales total	\$5005.80
	SHIP VIA MIAMI COUNTY				Taxable	5105.80	Misc + Frgt	100.00
	RECEIVED COMPLETE AND IN GOOD CONDITION				Non-taxable	0.00	Sales tax	385.49

**TOTAL \$5491.29**

2 - Customer Copy

