



**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

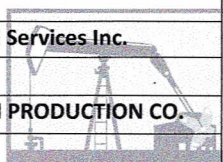
TUBING RECORD:      Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Lease:	Rigney	
Owner:	Bobcat Oilfield Services Inc.	
OPR #:	3895	
Contractor:	DALE JACKSON PRODUCTION CO.	
OPR #:	4339	
Surface:	Cemented:	Hole Size:
20' of 6"	5 Sacks	8 3/4"
Longstring:	Cemented:	Hole Size:
499'Ft. Of 2 7/8" 8rd	62 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 SW NE SW S12 T17R24E
County: Miami
FSL: 1670
FEL: 3855
API#: 15-121-29392-00-00
Started: 12-21-12
Completed: 12-24-12

SN: NONE	Packer: NONE
Plugged:	Bottom Plug:

TD: 505'

## Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
1	1	Top Soil			
6	7	Clay			
45	52	Lime			
49	101	Shale			
10	111	Lime			
8	119	Shale			
7	126	Gas Sand (Odor)			
2	128	Shale (Coal Streak)			
11	139	Shale			
6	145	Lime			
24	169	Shale			
4	173	Shale (Oil Sand Streak)			
6	179	Shale			
2	181	Sandy Shale (Odor)			
10	191	Shale			Surface 12-21-12
4	200	Lime			Set Time 4:00 PM
14	214	Shale			Called 2:00 PM On 12-21-12 – Talked To Brooke
29	243	Lime			Well TD – 505' Ft.
5	248	Black Shale			
21	269	Lime			Long string 499' Ft. Of 2 7/8" 8rd Pipe
4	273	Black Shale			Set Time 3:00 PM On 12-24-12
2	275	Lime			Called 8:15 AM On 12-26-12 – Talked To Brooke
6	281	Shale			
5	286	Lime			
5	291	Shale			
17	308	Sandy Shale			
31	339	Sand (Slight Odor)			
95	434	Shale			
1	435	Black Shale			
17	452	Shale			
4	456	Sandy Shale (Odor)			
3	459	Oil Sand (Very Shaley) (Fair Bleed)			
2	461	Sandy Shale (Oil Sand Streak)			
3	464	Sandy Shale			
3	467	Oil Sand (Shaley) (Fair Bleed) (Oil Water)			
11	478	Oil Sand (Some Shale) (Water Some Oil)			
5	483	Oil Sand (Some Shale) (Fair Bleed) (Oil & Some Water)			
.5	483.5	Gas Sand			
7.5	491	Shale			
5	496	Lime			
TD	505	Shale (Limey)			



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# Core Run #1

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

Well #: 5W-12
Location: NW SW NE SW S12 T17 R24 E
County: Miami
FSL: 1670
FEL: 3855
API#: 15-121-29392-00-00
Started: 12-21-12
Completed: 12-24-12

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	467	0:00	0	Oil Sand (Some Shale) (Water & Some Show Of Oil)	478'
1	468	1:00	1		
2	469	2:00	1		
3	470	3:00	1		
4	471	4:00	1		
5	472	5:00	1		
6	473	6:00	1		
7	474	7:00	1		
8	475	8:00	1		
9	476	9:00	1		
10	477	10:00	1		
11	478	11:00	1	Oil Sand (Some Shale) (Fair Bleed) (Oil & Some Water)	483'
12	479	12:00	1		
13	480	12:30	.5		
14	481	13:30	1		
15	482	14:00	.5		
16	483	15:00	1		
17	484	16:3	1.5	Gas sand Shale	483.5'
18	485	18:30	2		
19	486	20:30	2		
20	487	22:00	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: <b>10046133</b>
Special : Instructions :	Time: 13:37:55 Ship Date: 12/17/12 Invoice Date: 12/17/12 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	Shp To: <b>BOBCAT OILFIELD SRVC, INC</b> (913) 837-2823  (913) 837-2823
Customer #: 3570021	Customer PO:                      Order By:

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

*Rigney  
5W-12*

*Phone order by Bob  
Direct Delivery*

# INVOICE

*913 837 4159*

FILLED BY _____ SHIP VIA MIAMI COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION <b>X</b>	CHECKED BY _____	DATE SHIPPED _____	DRIVER _____		Sales total \$4116.80	
					Freight 100.00	Misc + Frgt 100.00
					Taxable 4216.80	Sales tax 318.37
				Non-taxable 0.00		
				Tax # _____		

**TOTAL \$4535.17**

2 - Customer Copy

