



**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

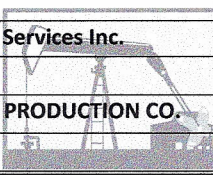
TUBING RECORD:      Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Lease:	Light	
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: 324' 2 7/8 8rd	Cemented: 50 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 #: C-5
Location: SE NE NW NW Sec8 Twp20S R23E
County: Linn
FSL:4785
FEL: 4125
API#: 15-107-24712
Started: 4-5-2013
Completed: 4-08-2013

SN: 260'	Packer: None	TD: 330'
Plugged: None	Bottom Plug: None	

## Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
1	1	Top Soil			
18	19	Lime			
3	22	Shale			
4	26	Black Shale			
2	28	Shale			
18	46	Lime			
2	48	Shale			
1	49	Black Shale			
3	52	Lime			
4	56	Shale			
6	62	Lime(Broken)			
1	63	Black Shale			
152	215	Shale			
1	216	Black Shale			
5	221	Shale			
7	228	Lime			
19	247	Shale			
4	251	Shale(Limey)			
6	257	Lime			
4	261	Shale(Limey)			
2	263	Oil Sand(Shaley)(Poor Bleed)			SET SURFACE 4-05-2013
3.5	266.5	Gas Sand(Fractured)(Some Oil Show)(Poor Bleed)			SET TIME 2:30 P.M.
4.5	271	Gas Sand(Some Oil Show)(Poor Bleed)			CALLED IN 12:30 P.M. TALKED TO Brook
4	275	Oil Sand(Fair Bleed)			WELL TD 330' FT.
1	276	Lime			LONG STRING 324' FT OF 2 7/8" 8RD PIPE
1	277	Oil Sand(Good Bleed)			SET TIME 12:30P.M. 4-08-2013
.5	277.5	Lime			CALLED IN 11:30 A.M. TALKED TO Brook
3.5	281	Oil Sand(Good Bleed)			
.5	281.5	Shale			
2.5	284	Oil Sand(Shaley)(Fair Bleed)			
3	287	Oil Sand(Very Shaley)(Fair Bleed)			
2	289	Oil Sand(Some Shale)(Good Bleed)			
2	291	Oil Sand(Shaley)(Good Bleed)			
2	293	Oil Sand(Very Shaley)(Fair Bleed)			
15	308	Shale			
3	311	Coal			
5	316	Shale			
12	328	Lime			
TD	330	Shale			



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# Core Run #1

Lease :	Light
Owner:	Bobcat Oilfield Services, Inc.
OPR #:	3895
Contractor:	DALE JACKSON PRODUCTION CO.
OPR #:	4339

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	263		-----	Gas Sand(Fractured)(Some Oil Show)(Poor Bleed)	266.5'
1	264		¼		
2	265		¾		
3	266		¼		
4	267		¼	Gas Sand(Some Oil Show)(Poor Bleed)	271'
5	268		½		
6	269		½		
7	270		½		
8	271		½	Oil Sand(Fair bleed)	275'
9	272		½		
10	273		1		
11	274		½		
12	275		½	Lime	276'
13	276		1		
14	277		1	Oil Sand(Good Bleed)	277'
15	278		1 1/2	Lime	277.5'
16	279		1	Oil Sand (Good Bleed)	281'
17	280		1		
18	281		½		
19	282		1	Shale	281.5'
20	283		1	Oil Sand(Shale)(Fair Bleed)	

P. 1



1/2 Mile North of Louisburg  
27295 Metcalf Rd.  
P.O. Box 729  
Louisburg, Kansas 66053  
913-837-2955 • 1-800-521-1764

# MOSSMAN LUMBER COMPANY

PAGE NO 1

*True Value.*

CUSTOMER NO.	JOB NO.	PURCHASE ORDER NO.	REFERENCE	TERMS	CHECK	DATE	TIME
551		22015	PO # 22015 ORD# 7221	NET 10TH	RR	4/12/13	7:55

TO: ROBERT OHL  
39005 COLONATED ROAD  
LOUISBURG, KS 66053

FROM: 301 S. SPRING VALLEY ROAD  
EAST 174th NORTH SIDE  
913-265-0873

DEL. DATE: 4/ 3/13 TERM#551  
SLSPR: RR ROBERT RAND  
TAX : 001 LOUISBURG, KS  
DOC# 177937  
\*\*\*\*\*  
\* INVOICE \*  
\*\*\*\*\*  
ORDER 72221

LUMBER COMPANY LUMBER 91383755/1

QUANTITY SHIPPED	QUANTITY ORDERED	UNIT	SKU	DESCRIPTION	UNITS	PRICE PER	EXTENSION
245	1	EA	PORTLAND	94# PORTLAND CEMENT 1/11	245	9.00 /EA	2,205.00
280	1	EA	FLYASH	80# SX FLY ASH	280	5.20 /EA	1,456.00
14	1	EA	PALLET	RETURNABLE PALLET	14	15.00 /EA	210.00 *
14	1	EA	WRAP	SHRINK WRAPPED PALLET	14	5.00 /EA	70.00
1		EA	FUEL	FUEL SURCHARGE	1	48.55 /EA	48.55

*Light C-5*

** AMOUNT CHARGED TO STORE ACCOUNT **	4,340.63	TAXABLE	3989.55
		NON-TAXABLE	0.00
		SUBTOTAL	3989.55
		TAX AMOUNT	251.08
		TOTAL CHARGE	4240.63

X

RECEIVED BY: