



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: _____



1102652

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

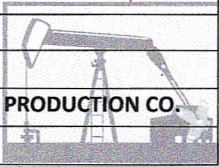
TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

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:	Orest Jones	
Owner:	Bobcat	
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:
510' 27/8" 8 Rd	60 Sacks	5 5/8



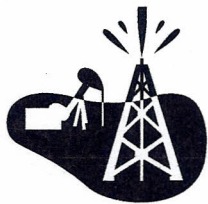
Dale Jackson Production Co.
Box 266, Mound City, Ks 66056
Cell # 620-363-2683
Office # 913-795-2991

Well #: 4A-12
Location: NW-NW-SE-NW Sec 21 Twp 17, Rg. 25E
County: Miami
FSL: 3630' 3573
FEL: 1230' 1261
API#: 15121-29339-00-00
Started: 11/9/2012
Completed: 11/12/12

SN: 479' Ft	Packer:	TD: 520' Ft
Plugged:	Bottom Plug:	

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
1	1	Top Soil	.5	490.5	Lime (Some Oil)
4	5	Clay	2.5	493	Sandy Shale (Some Oil Sand Streaks)
58	63	Lime	17	510	Shale
51	114	Shale	TD	520	Lime
10	124	Lime			
6	130	Shale			
15	145	Sandy Shale			
1	146	Coal			
21	167	Shale			
2	169	Lime			
5	174	Black Shale			
6	180	Shale			
17	197	Sandy Shale			
12	209	Shale			
8	217	Lime			
14	231	Shale			
32	263	Lime			
7	270	Black Shale			
20	290	Lime			
4	294	Black Shale			
16	310	Lime			
7	312	Black Shale			
99	411	Shale			
6	417	Sandy Shale			
29	446	Shale			
1	447	Black Shale			
4	451	Light Shale			
4	455	Oil Sand (Shaley) (Fair Bleed) (Some Water)			
1	456	Oil Sand (Poor Bleed) (Water) (Shaley)			
5	461	Lime			Surface Pipe Set Time 2:30 PM 11/9/12
2	463	Oil Sand (Poor Bleed) (Water) (Shaley)			Called In 10:30 AM 11/9/12 - Talked To Brooke
4	467	Sandy Shale			Long String 510' Ft 27/8" 8 Rd.
13	480	Shale			Set Time 4:30 PM 11/12/12
1	481	Dry Sand			Called In 9:00 Am 11/12/12 - Talked To Brooke
1	482	Lime			
1	483	Oil Sand (Fair Bleed)			
1	484	Gas sand			
2	486	Oil Sand (Sand Shale) (Fair Bleed)			
1	487	Gas Sand			
2.5	489.5	Oil Sand (Fair Bleed) (Some Shale)			
.5	490	Oil Sand (Fractured) (Fair Bleed)			



Dale Jackson Production Co.
 Box 266, Mound City, Ks 66056
 Cell # 620-363-2683
 Office # 913-795-2991

Core Run #1

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

Well #: 4A-12
Location: NW-NW-SE-NE- S21 T17 R25E
County: Miami
FSL: 3630 3573
FEL: 1230 1261
API#: 15-121-29339-00-00
Started: 11/09/12
Completed: 11/12/12

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	480	0:00	0	Dry Sand	481'
1	481	1:30	1.5	Lime	482'
2	482	4:00	2.5	Oil Sand (Fair Bleed)	483'
3	483	5:00	1	Gas Sand	484'
4	484	6:00	1	Oil Sand (Some Shale) (Fair Bleed)	486'
5	485	6:30	.5		
6	486	7:30	1	Gas Sand	487'
7	487	8:00	.5	Oil Sand (Fair Bleed) (Some Shale)	489.5'
8	488	9:00	1		
9	489	9:30	.5		
10	490	10:30	1	Oil Sand (Fractured) (Fair Bleed)	490'
				Lime (Fractured)	490.5'
11	491	13:00	2.5	Sandy Shale (Some Oil Sand Streaks) (Poor Bleed)	493'
12	492	14:00	1		
13	493	15:00	1		
14	494	21:30	6.5	Shale	
15	495	27:00	5.5		
16	496	32:00	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: 10045356	
Special :		Time:	11:09:04
Instructions :		Ship Date:	11/08/12
		Invoice Date:	11/08/12
Sale rep #: MAVERY MIKE	Acct rep code:	Due Date:	12/05/12
Sold To: BOBCAT OILFIELD SRVC,INC C/O BOB EBERHART 30805 COLDWATER RD LOUISBURG, KS 66053		Ship To: BOBCAT OILFIELD SRVC,INC (913) 837-2823 (913) 837-2823	
Customer #: 3570021	Customer PO:	Order By:	

popimg01

5TH
T 26

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

Jones 4A-12

Phone Order
By Bob

913-837-4159

INVOICE

X 	FILLED BY _____ CHECKED BY _____ DATE SHIPPED _____ DRIVER _____ SHIP VIA MIAMI COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION	Freight 100.00 Taxable 4216.80 Non-taxable 0.00 Tax # _____	Sales total \$4116.80 Misc + Frgt 100.00 Sales tax 318.37
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TOTAL \$4535.17

2 - Customer Copy

