



**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: \_\_\_\_\_



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

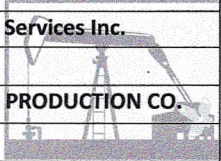
TUBING RECORD: Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

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:	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:
472' Ft. Of 2 7/8" 8rd	60 Sacks	5 5/8"



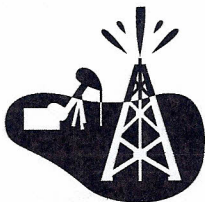
Dale Jackson Production Co.  
Box 266, Mound City, Ks 66056  
Cell # 620-363-2683  
Office # 913-795-2991

Well #: 7W-12
Location: SE NW NW SW S12 T17 R24
County: Miami
FSL: 2006
FEL: 4849
API#: 15-121-29395-00-00
Started: 1-30-13
Completed: 1-31-13

SN: NONE	Packer: NONE	TD: 478' FT.
Plugged:	Bottom Plug:	

## Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
1	1	Top Soil			
6	7	Clay			
11	18	Lime			
53	71	Shale			
9	80	Lime			
6	86	Shale			
11	97	Sand (Shaley) (Dry)			
16	113	Shale			
4	117	Lime			
45	162	Shale			
11	173	Lime (Broken)			
14	187	Shale			
28	215	Lime			
6	221	Black Shale			
20	241	Lime			Surface 1-30-13
4	245	Black Shale			Set Time 3:30 PM
3	248	Lime			Called 2:00 PM On 1-30-13 – Talked To Brooke
5	253	Shale			Well TD – 478' Ft.
5	258	Lime			
3	261	Shale			Long string 472' Ft. Of 2 7/8" 8rd Pipe
5	266	Sandy Shale (Odor)			Set Time 3:30 PM
15	281	Shale			Called 2:40 PM On 1-31-13 – Talked To Brooke
20	301	Sand (Dry)			
70	371	Shale			
10	381	Sandy Shale (Oil Show)			
25	406	Shale			
1	407	Black Shale			
30	437	Shale			
2	439	Oil Sand (Water) (Very Little Oil)			
2	441	Oil Sand (Oil & Water) (Fair Bleed)			
2	443	Oil Sand (Water)			
3	446	Oil Sand (Oil & Water) (Some Shale) (Fair Bleed)			
1.5	447.5	Oil Sand (Water) (Limey)			
1	448.5	Oil Sand (Oil & Water) (Fair Bleed)			
1	449.5	Oil Sand (Fractured) (Good Bleed)			
4.5	454	Oil Sand (Good Bleed)			
3	457	Shale (Oil Sand Streak)			
10	467	Shale			
4	471	Lime			
TD	478	Shale (Limey)			



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

# Core Run #1

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

Well #: 7W-12
Location: SE, NW, NW, SW, S12 T17 R24 E
County: Miami
FSL: 2006
FEL: 4849
API#: 15-121-29395-00-00
Started: 1-30-13
Completed: 1-31-13

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	439	0:00	0	OIL SAND (SOME SHALE) (OIL & WATER) (FAIR BLEED)	441'
1	440	1:00	1		
2	441	2:00	1		
3	442	3:00	1	OIL SAND (WATER)	443'
4	443	3:30	.5		
5	444	4:30	1	OIL SAND (OIL & WATER) (FAIR BLEED) (SOME SHALE)	446'
6	445	5:30	1		
7	446	6:30	1		
8	447	8:00	1.5	OIL SAND (WATER) (LIMEY)	447.5'
9	448	9:00	1	OIL SAND (OIL & WATER) (FAIR BLEED)	448.5'
10	449	10:00	1	OIL SAND (FRACTURED) (GOOD BLEED)	449.5'
11	450	11:00	1	PACKED OFF - OIL SAND (GOOD BLEED)	
12	451	13:00	2		
13	452				
14					
15					
16					
17					
18					
19					
20					

# MIAMI LUMBER, INC.

1014 N. Pearl, P.O. Box 362, Paola, Kansas 66071  
913-294-2041

LOADED BY	DELIVERED BY	DELIVERY DATE
CHECKED BY	DATE ORDERED	SHIP VIA

1406556

CASH SALE

01/28/13 13:31 011

CASH SALE

SHIP CLINT  
TO: 913-980-3658

S 1  
D 203  
A 1  
M 3  
C 1  
P 1

*Date entered*

CUSTOMER: 1 0000

TERMS: DUE THE 10TH

FROM: 0 4055937

LN	QTY	DESCRIPTION	ITEM #	UNITS	PRICE	AMOUNT
1	240	30% FLY ASH CONCRETE MIX	80099999E	240	5.00 EA	1440.00
2	200	PORTLAND CEMENT TYPE 1/11 50#	780110500	200	10.50 EA	2100.00
3	14	TX1 WOOD PALLET	780190000	14	15.00 EA	210.00
					SUBTOTAL	4563.46
					PAOLA SALES TAX	401.45
					TOTAL	4963.46

MIAMI LUMBER, INC.

*Rigney TW-12*

Payments due 10 days receipt of statement - overdue amounts subject to service charge, at 1.5 percent per month, or amount per applicable law.

On Of Credit - No additional credit purchases will be allowed to any account that is

RECEIVED BY STATEMENT COPY

Shipped From: Harrisonville, MO

Total Weight: 45,488

**\*\*\*For Customer Use Only. Please complete and initial all lines**

# of Pallets Returned\*: \_\_\_\_\_ # of Bulk Bags Returned\*: \_\_\_\_\_

If zero, please explain: \_\_\_\_\_

Received by, please print: \_\_\_\_\_ Date: \_\_\_\_\_

Print Date: 1/28/2013 12:08:10 PM

**For Warehouse Use Only**

Packed by: *[Signature]*

Checked by: *[Signature]*

Date Loaded: \_\_\_\_\_

**SUBJECT TO TERMS AND CONDITIONS ON REVERSE SIDE**