



**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
---	---

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
-----------------------------------	-----------	---------	-------------	---------------	---------

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: _____ _____
---	--	--

Lease:	Burris	
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:
497' 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 #: 5W-12
Location: NW SE SE SW S12 T17 R24E
County: Miami
FSL: 346
FEL: 3200
API#: 15-121-29372-00-00
Started: 12-12-12
Completed: 12-13-12

SN: NONE	Packer: NONE	TD: 501' Ft.
Plugged:	Bottom Plug:	

## Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
1	1	Top Soil			
5	6	Clay			
36	42	Lime			
49	91	Shale			
8	99	Lime			
5	104	Shale			
1	105	Sandy Shale (Odor)			
3	108	Oil Sand (Some Shale) (Fair Bleed)			
1.5	109.5	Shale			
5.5	115	Oil Sand (Water & Some Oil) (Fair Bleed)			
1	116	Sandy Shale			
15	131	Shale			
4	135	Lime			
49	184	Shale			
9	193	Lime			Surface 12-12-12
14	207	Shale			Set Time 5:30 PM
28	235	Lime			Called 3:20 PM – Talked To Brooke
7	242	Black Shale			
4	246	Lime (Shaley)			Well TD – 501' Ft.
18	264	Lime			Long string 497' Ft. Of 2 7/8" 8rd Pipe
4	268	Black Shale			Set Time 4:00 PM 12-13-12
2	270	Lime			Called 3:00 PM – Talked To Brooke
5	275	Shale			
5	280	Lime			
5	285	Shale			
3	288	Shale (Oil Sand Streak)			
18	306	Shale			
18	324	Sand (Dry)			
98	422	Shale			
2	424	Black Shale			
29	453	Shale			
1	454	Shale (Limey)			
5	459	Shale (Oil Sand) (Fair Bleed)			
4.5	463.5	Oil Sand (Some Shale) (Fair Bleed) (Some Water)			
1.5	465	Oil Sand (Water & Some Oil) (Poor Bleed)			
2	467	Oil Sand (Oil & Slight Show Of Water)			
2	469	Lime			
2.5	471.5	Oil Sand (Oil & Slight Show Of Water)			
10.5	482	Shale			
3	485	Lime			
TD	501	Shale (Lime Streak)			



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

# Core Run #1

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

Well #: 5W-12
Location: NW SE SE SW S12 T17 R24 E
County: Miami
FSL: 346
FEL: 3200
API#: 15-121-29372-00-00
Started: 12-12-12
Completed: 12-13-12

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	105	0:00	0	Oil Sand (Some Shale) (Fair Bleed)	108'
1	106	1:30	1.5	Shale	109.5'
2	107	3:00	1.5		
3	108	3:30	.5		
4	109	4:00	.5		
5	110	4:30	.5		
6	111	31:30	-----	Oil Sand (Water & Some Oil) - Pulled Core Out & Started Over	111'
7	112	32:00	.5	Oil Sand (Lot Of Water) (Some Oil) (Fair Bleed)	115'
8	113	33:00	1		
9	114	33:30	.5		
10	115	34:30	1		
11	116	35:30	1	Sandy Shale	116'
12	117	36:30	1		
13	118	38:00	1.5		
14	119	40:00	2		
15	120	41:30	1.5		
16	121	43:30	2		
17	122	45:00	1.5		
18					
19					
20					



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

Well #: 5W-12
Location: NW SE SE SW S12 T17 R24 E
County: Miami
FSL: 346
FEL: 3200
API#: 15-121-29372-00-00
Started: 12-12-12
Completed: 12-13-12

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

## Core Run #2

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	461	0:00	0	Oil Sand (Oil & Some Water) (Fair Bleed)	463.5'
1	462	0:30	.5		
2	463	1:30	1		
3	464	2:30	1	Oil Sand (Water & Some Oil) (Poor Bleed)	465'
4	465	3:00	.5		
5	466	4:00	1	Oil Sand (Oil & Slight Show Of Water) (Fair Bleed)	467'
6	467	5:00	1		
7	468	6:00	1	Lime	
8	469	8:00	2	Oil Sand (Oil & Slight Show Of Water) (Fair Bleed)	471.5'
9	470	8:30	.5		
10	471	9:00	.5		
11	472	10:30	1.5	Shale	
12	473	12:30	2		
13	474	15:00	2.5		
14	475	17:00	2		
15	476	19:00	2		
16	477	21:30	2.5		
17	478	23:30	2		
18	479	25:00	1.5		
19	480	27:00	2		
20	481	29:30	2.5		

**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>10045770</b>	
Special :		Time:	14:54:09
Instructions :		Ship Date:	11/28/12
		Invoice Date:	11/30/12
Sale rep #: MAVERY MIKE	Acct rep code:	Due Date:	01/05/13
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: BOB	

paping01

5TH  
T 27

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

INVOICE

OK RE  
Burris  
5W-12  
12-13-12

DIRECT DELIVERY  
PHONE ORDER BY BOB

913-837-4159

FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	\$4116.80
SHIP VIA MIAMI COUNTY					
RECEIVED COMPLETE AND IN GOOD CONDITION				Taxable	4216.80
X				Non-taxable	0.00
				Sales tax	

**TOTAL \$4535.17**

2 - Customer Copy

