



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 #: _____

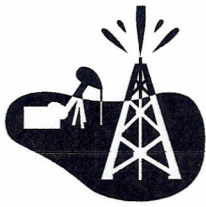
AFFIDAVIT

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: _____



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

Well #: D-5
Location: NW,SW,NE,NW,S8,T20,R23
County: LINN
FSL: 4620'
FEL: 3960'
API#: 15-107-24681-00-00
Started: 4/4/13
Completed: 4/5/13

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	261	0:00	-----		
1	262	0:30	.5	SAND (SHALEY) (SOME ODOR)	262.5'
2	263	1:30	1		
3	264	2:00	.5	OIL SAND (POOR BLEED) (SOME GAS)	267.5
4	265	3:00	1		
5	266	3:30	.5		
6	267	4:00	.5		
7	268	5:00	1		
8	269	5:30	.5	OIL SAND (SOME SHALE) (FAIR BLEED)	270'
9	270	6:30	1		
10	271	7:30	1	OIL SAND (POOR BLEED) (SOME GAS)	272'
11	272	8:30	1		
12	273	10:00	1.5		
13	274	11:30	1.5	OIL SAND (GOOD BLEED) (SOME SHALE) (SLIGHTLY LIMEY)	275.5'
14	275	14:00	2.5		
15	276	15:00	1	LIME (SOME OIL SAND) (FRACTURED)	276.5'
16	277	17:00	2		
17	278	18:00	1	OIL SAND (GOOD BLEED) (SOME SHALE)	
18	279	19:00	1		
19	280	19:30	.5		
20	281	20:00	.5		

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**MOSSMAN
LUMBER
COMPANY**

1/2 Mile North of Louisburg
27295 Matcalf Rd.
P.O. Box 729
Louisburg, Kansas 68053
913-837-2955 • 1-800-521-1764

PAGE NO 1

True Value.

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

ROBERT OHL
38605 COLONATER ROAD
LOUISBURG, KS 68053

303 S. SPRING VALLEY ROAD
EAST 1/4 N. NORTH SIDE
913-265-0873

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

* INVOICE *

ORDR 72221

LUMBER COMPANY 913-837-2955 / 1

QUANTITY ORDERED	QUANTITY ORDERED	DM	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
D-5*

X

RECEIVED BY:

** AMOUNT CHARGED TO STORE ACCOUNT **	4,340.63	TAXABLE	3989.55
		NON-TAXABLE	0.00
		SUBTOTAL	3989.55
		TAX AMOUNT	351.08
		TOTAL CHARGE	4340.63