



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				

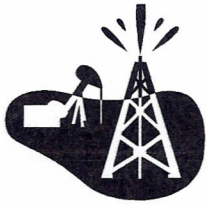
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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

Well #: G-3
Location: SE,SW,NE,NW, S8,T20,R23E
County: LINN
FSL: 4125'
FEL: 3465'
API#: 15-107-24695-00-00
Started:6/04/13
Completed: 6/07/13

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	290	0:00	-----		
1	291	0:30	.5		
2	292	1:00	.5		
3	293	1:30	.5		
4	294	2:00	.5	OIL SAND (SOME SHALE) (GOOD BLEED)	298.5' FT
5	295	2:30	.5		
6	296	3:30	1		
7	297	4:00	.5		
8	298	5:00	1		
9	299	5:30	.5		
10	300	7:00	1.5	SANDY SHALE (SOME OIL SAND STREAKS) (POOR BLEED)	300.5' FT.
11	301	8:30	1.5	OIL SAND (SOME SHALE) (FAIR BLEED)	301' FT.
12	302	9:30	1		
13	303	11:00	1.5		
ROD	CHANGE	16:00			
14	304	17:00	1		
15	305	18:30	1.5		
16	306	20:30	2	SANDY SHALE (SOME OIL SAND STREAKS) (POOR BLEED)	
17	307	22:00	1.5		
18	308	23:00	1		
19	309	24:30	1.5		
20	310	25:30	1		



1/2 Mile North of Lousburg
27295 Melcalf Rd.
P.O. Box 729
Lousburg, Kansas 66053
813-837-2955 • 1-800-521-1764

MOSSMAN LUMBER COMPANY

True Value.

CUSTOMER NO.	JOB NO.	PURCHASE ORDER NO.	REFERENCE	TERMS	CLERK	DATE	TIME
551			ORDER 7295	NET 10TH	RR	6/6/13	12:15

MOSSMAN
LUMBER
COMPANY
11490 WEST 150 NORTH
LOUISBURG, KS 66053

DEL. DATE: 5/10/13 TERMS:SI
SLSPR: RR ROBERT RAND
TAX: 001 LOUISBURG, KS

DOC# 170177

* INVOICE *

ORDER 7295

QUANTITY SHIPPED	QUANTITY ORDERED	UN	SKU	DESCRIPTION	UNITS	PRICE PER	EXTENSION
280	1	EA	PORTLAND	94# PORTLAND CEMENT 1/11	280	9.00 /EA	2,520.00
240	1	EA	FLYASH	80# SX FLY ASH	240	5.20 /EA	1,248.00
14	1	EA	PALLET	RETURNABLE PALLET	14	17.00 /EA	238.00 *
14	1	EA	WRAP	SHRINK WRAPPED PALLET	14	5.00 /EA	70.00
1		EA	FUEL	FUEL SURCHARGE	1	48.55 /EA	48.55
5		EA	FLYASH	80# SX FLY ASH	5	5.20 /EA	-25.00R
				CREDIT RETURN OVER CHARGE ON TICKET#177984			

*Light
6-3*

NET AMOUNT CHARGED TO STORE ACCOUNT #	4,759.22	TAXABLE	4096.55
		NON-TAXABLE	0.00
		SUBTOTAL	4096.55

RECEIVED BY

TAX AMOUNT	360.67
TOTAL AMOUNT	4457.22