



KANSAS CORPORATION COMMISSION 1056917
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

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: _____



1056917

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Lease:	NORTH EAST BAKER	
Owner:	BOBCATOILFIELD SERVICES INC.	
OPR #:	3895	
Contractor:	DALE JACKSON PRODUCTION CO.	
OPR #:	4339	
Surface: 20FT, 6IN	Cemented: 5 SACKS	Hole Size: 8 3/4
Longstring 317' 2 7/8 8RD	Cemented: 50	Hole Size: 5 5/8

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



Well #: C-12 <i>17W</i>
Location: N2,NE,NW,SE,S5,T20,SR23,E
County: LINN
FSL: 2,325 <i>2346</i>
FEL: 1,650 <i>1682</i>
API#: 15-107-24359-00-00
Started: 5-5-11
Completed: 5-6-11

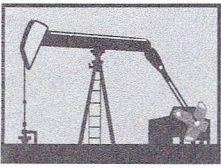
SN: NONE	Packer:	TD: 323'
Plugged:	Bottom Plug:	

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
1	1	TOPSOIL			
11	12	LIME			
4	16	SHALE			
2	18	BLACKSHALE			
1	19	SHALE			
17	36	LIME			
2	38	SHALE			
2	40	BLACKSHALE			
13	53	LIME (SHALEY)			
1	54	BLACKSHALE			
10	64	SHALE (LIMEY)			
27	91	SHALE			
20	111	SOME SHALE (DRY SAND)			
91	202	SHALE			
1	203	BLACKSHALE			
8	211	SHALE			
7	218	LIME			
22	240	SHALE			
11	251	LIME (ODOR)			
3	254	SHALE			
2	256	OIL SAND (VERY SHALEY) (FAIR BLEED)			
5	261	OIL SAND (LIMEY) (FAIR BLEED)			
7	268	OIL SAND (GOOD BLEED)			
5	273	SANDY SHALE (SOME OIL SAND STREAKS)(POOR BLEED)			
2	275	OIL SAND (SHALEY) (GOOD BLEED)			
3	278	SANDY SHALE (SOME OIL SAND STEAKS) (POOR BLEED)			
1.5	279.5	OIL SAND (SOME SHALE) (GOOD BLEED)			
7.5	287	SANDY SHALE (SOME OIL SAND STREAKS) (POOR BLEED)			
1	288	OIL SAND (GOOD BLEED)			
2	290	SANDY SHALE (OIL SAND STK)			
8	298	SHALE			
2	300	COAL			
6	306	SHALE			
9	315	LIME			
TD	323	SHALE			

SURFACE: 5-5-11
SET TIME: 4:00 P.M. -JOHN
CALLED: 12:30 P.M.

LONGSTRING- 317' 2 7/8 8RD PIPE
TD: 323'
SET TIME: 2:30 P.M. -5-6-11-BECKY
CALLED: 12:30 P.M.



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

Well #: C-12 <i>NW</i>
Location: N2,NE,NW,SE,S5,T20,SR23,E
County: LINN
FSL: 2,325 <i>2346</i>
FEL: 1,650 <i>1682</i>
API#: 15-107-24359-00-00
Started: 5-5-11
Completed: 5-6-11

Lease :	NORTH EAST BAKER
Owner:	BOBCAT OILFIELD SERVICES INC.
OPR #:	3895
Contractor:	DALE JACKSON PRODUCTION CO.
OPR #:	4339

Core Run #1

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	261		-----		
1	262		1		
2	263		1		
3	264		.5	OIL SAND (GOOD BLEED)	
4	265		1		
5	266		1.5		
6	267		2		268
7	268		1.5		
8	269		1.5		
9	270		1.5	SANDY SHALE (SOME OIL SAND STREAKS) (POOR BLEED)	
10	271		1.5		
11	272		2		273
12	273		1		
13	274		1.5	OIL SAND (SHALEY) (GOOD BLEED)	275
14	275		1.5		
15	276		1.5	SANDY SHALE (SOME OIL SAND STREAKS)(POOR BLEED)	
16	277		1.5		278
17	278		1.5	OIL SAND (SOME SHALE) (GOOD BLEED)	
18	279		2.5		279.5
19	280		2	SANDY SHALE (SOME OIL SAND STREAKS) (POOR BLEED)	
20	281		4.5		

Avery Lumber

P.O. BOX 66
MOUND CITY, KS 66056
(913) 795-2210 FAX (913) 795-2194

Merchant Copy
INVOICE
THIS COPY MUST REMAIN AT
MERCHANT AT ALL TIMES!

Page: 1		Invoice: 10030661	
Special :		Time:	10:18:53
Instructions :		Ship Date:	05/02/11
		Invoice Date:	05/06/11
Sale rep #:	SCOLEMAN STEVE	Acct rep code:	
		Due Date:	06/05/11
Sold To: BOBCAT OILFIELD SRVC,INC		Ship To: BOBCAT OILFIELD SRVC,INC	
C/O BOB EBERHART		(913) 837-2823	
30805 COLDWATER RD		(913) 837-2823	
LOUISBURG, KS 66053			
Customer #:	3570021	Customer PO:	
		Order By:	

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
280.00	280.00	L	BAG	CPPC	PORTLAND CEMENT	8.2900 BAG	8.2900	2321.20
240.00	240.00	L	BAG	CPPM	POST SET FLY ASH 75#	5.1000 BAG	5.1000	1224.00
14.00	14.00	L	EA	CPQP	QUIKRETE PALLETS	17.0000 EA	17.0000	238.00
DIRECT DELIVERY ORDERED BY TERRY FRIDAY THE 6TH, 1ST THING								
<div style="font-size: 2em; opacity: 0.5;">INVOICE</div> <div style="font-size: 1.5em; margin-top: 20px;"> OK Rth NE Baker C-12 5-6-11 </div>								

FILLED BY _____ CHECKED BY _____ DATE SHIPPED _____ DRIVER _____ SHIP VIA LINN COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION X	<table style="width: 100%;"> <tr> <td>Sales total</td> <td style="text-align: right;">\$3783.20</td> </tr> <tr> <td>Taxable</td> <td style="text-align: right;">3783.20</td> </tr> <tr> <td>Non-taxable</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Sales tax</td> <td style="text-align: right;">238.34</td> </tr> </table>	Sales total	\$3783.20	Taxable	3783.20	Non-taxable	0.00	Sales tax	238.34
Sales total	\$3783.20								
Taxable	3783.20								
Non-taxable	0.00								
Sales tax	238.34								

TOTAL \$4021.54

1 - Merchant Copy

