

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

| | | | | | |
|---|------------------------------|-----------------------------|------------------------------|----------------------------------|---------------------------------|
| Drill Stem Tests Taken <i>(Attach Additional Sheets)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Log | Formation (Top), Depth and Datum | <input type="checkbox"/> Sample |
| Samples Sent to Geological Survey | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Name | Top | Datum |
| Cores Taken | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| Electric Log Run | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| Geologist Report / Mud Logs | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| List All E. Logs Run: | | | | | |

| <div style="text-align: center;"> CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used Report all strings set-conductor, surface, intermediate, production, etc. </div> | | | | | | | |
|---|-------------------|---------------------------|-------------------|---------------|----------------|--------------|----------------------------|
| 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 |
| <input type="checkbox"/> Perforate | | | | |
| <input type="checkbox"/> Protect Casing | | | | |
| <input type="checkbox"/> Plug Back TD | | | | |
| <input type="checkbox"/> Plug Off Zone | | | | |

1. Did you perform a hydraulic fracturing treatment on this well? ☐ Yes ☐ No (If No, skip questions 2 and 3)
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? ☐ Yes ☐ No (If No, skip question 3)
3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? ☐ Yes ☐ No (If No, fill out Page Three of the ACO-1)

| | | | | | |
|---|----------------|---|-------|-------|----------------------------|
| Date of first Production/Injection or Resumed Production/Injection: | | Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____ | | | |
| Estimated Production Per 24 Hours | Oil Bbls. | Gas Mcf | Water | Bbls. | Gas-Oil Ratio Gravity |

| | | | |
|--|--|----------------------|--------|
| DISPOSITION OF GAS: | METHOD OF COMPLETION: | PRODUCTION INTERVAL: | |
| <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i> | <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> | Top | Bottom |
| | | | |

| Shots Per Foot | Perforation Top | Perforation Bottom | Bridge Plug Type | Bridge Plug Set At | Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used) |
|----------------|-----------------|--------------------|------------------|--------------------|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

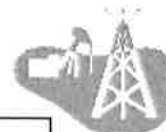
| | | | | |
|----------------|-------|---------|------------|--|
| TUBING RECORD: | Size: | Set At: | Packer At: | |
|----------------|-------|---------|------------|--|

| | |
|-----------|-------------------------------|
| Form | ACO1 - Well Completion |
| Operator | Bobcat Oilfield Service, Inc. |
| Well Name | BAKER OS 2-2018 |
| Doc ID | 1416841 |

Casing

| Purpose Of String | Size Hole Drilled | Size Casing Set | Weight | Setting Depth | Type Of Cement | Number of Sacks Used | Type and Percent Additives |
|-------------------|-------------------|-----------------|--------|---------------|----------------|----------------------|----------------------------|
| Surface | 8.750 | 6 | 10 | 20 | Common | 5 | 60/40 POZ |
| Production | 5.625 | 2.875 | 6 | 255 | Common | 30 | 60/40 POZ |
| | | | | | | | |
| | | | | | | | |

Dale Jackson Production Co.
Box 266, Mound City, Ks 66056



| |
|--|
| Well #: OS 2-2018 |
| Location: SWNESESWSec5Twp20SR24E |
| County: Linn |
| FSL: 675 |
| FEL: 3221 |
| API#: 15-107-25283 |
| Started: 7-23-2018 |
| Completed: 7-24-2018 |

Well Log

 TD: 261' |

| | |
|--------------------|---------------------------------------|
| Lease: | Baker |
| Owner: | Bobcat Oilfield Services, Inc. |
| OPR #: | 3895 |
| Contractor: | DALE JACKSON PRODUCTION CO. |
| OPR #: | 4339 |

[illegible]



HURRICANE SERVICES INC

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------------------------|--|----------------|---|---|---------------|------------|------------|--|--|--|--|--|--------|------------|------|------------|--|--|--|--|--|---------------|------|-----------|--|---|--|--|--|--|---|--|--|--|--|--|--|--|--|----------------|--|--|--|---|--|--|--|--|--------------------|--|--|--|--|--|--|--|--|---------------------------------------|--|--|--|
| Customer | Bobcat Oil | | Lease & Well # | OSW 2018 | | Date | 7/24/2018 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Service District | Garnett, KS | | County & State | Linn, KS | | Job # | ICT 1231 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Job Type | Longstring | <input type="checkbox"/> PROD <input checked="" type="checkbox"/> INJ <input type="checkbox"/> SWD | Legals S/T/B | New Well? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | Ticket # | ICT 1231 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Equipment # | Driver | Job Safety Analysis - A Discussion of Hazards & Safety Procedures <input checked="" type="checkbox"/> Hard hat <input checked="" type="checkbox"/> Gloves <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Warning Signs & Flagging <input checked="" type="checkbox"/> H2S Monitor <input checked="" type="checkbox"/> Eye Protection <input type="checkbox"/> Required Permits <input type="checkbox"/> Fall Protection <input checked="" type="checkbox"/> Safety Footwear <input type="checkbox"/> Respiratory Protection <input type="checkbox"/> Slip/Trip/Fall Hazards <input type="checkbox"/> Specific Job Sequence/Expectations <input checked="" type="checkbox"/> FRC/Protective Clothing <input type="checkbox"/> Additional Chemical/Acid PPE <input type="checkbox"/> Overhead Hazards <input type="checkbox"/> Muster Point/Medical Locations <input checked="" type="checkbox"/> Hearing Protection <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Additional concerns or issues noted below | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Comments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Product/Service Code | Description | Unit of Measure | Quantity | Unit Price/Unit | Gross Amount | Item Discount | Net Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c001 | Heavy Equip. One Way | mi | 30.00 | | | | \$73.13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c002 | Light Equip. One Way | mi | 30.00 | | | | \$33.75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c004 | Minimum Ton Mile Charge | ea | 1.00 | | | | \$225.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c020 | Cement Pump | ea | 1.00 | | | | \$506.25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| cp014 | Thixotropic | sack | 30.00 | | | | \$600.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| cp046 | Rubber Plug 2 7/8" | ea | 2.00 | | | | \$48.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td colspan="5">Customer Section: On the following scale how would you rate Hurricane Services Inc.?</td> <td>Gross:</td> <td>\$1,927.30</td> <td>Net:</td> <td>\$1,486.13</td> </tr> <tr> <td colspan="5"> Were you satisfied with your services today? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> <td>Total Taxable</td> <td>\$ -</td> <td>Tax Rate:</td> <td></td> </tr> <tr> <td colspan="5"> How likely is it you would recommend H.S.I. to a colleague? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> <td colspan="4"> State tax laws deem certain products and services used on new wells to be sales tax exempt. Hurricane Services relies on the customer provided well information above to make a determination if services and/or products are tax exempt. </td> </tr> <tr> <td colspan="5"> Not Satisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied </td> <td colspan="4"> Sale Tax: \$ - </td> </tr> <tr> <td colspan="5"> Un-Likely 1 2 3 4 5 6 7 8 9 10 Extremely Likely </td> <td colspan="4"> Total: \$ 1,486.13 </td> </tr> <tr> <td colspan="5"></td> <td colspan="4"> HSI Representative: <i>Jake Heard</i> </td> </tr> </table> | | | | | | | | | Customer Section: On the following scale how would you rate Hurricane Services Inc.? | | | | | Gross: | \$1,927.30 | Net: | \$1,486.13 | Were you satisfied with your services today? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | Total Taxable | \$ - | Tax Rate: | | How likely is it you would recommend H.S.I. to a colleague? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | State tax laws deem certain products and services used on new wells to be sales tax exempt. Hurricane Services relies on the customer provided well information above to make a determination if services and/or products are tax exempt. | | | | Not Satisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied | | | | | Sale Tax: \$ - | | | | Un-Likely 1 2 3 4 5 6 7 8 9 10 Extremely Likely | | | | | Total: \$ 1,486.13 | | | | | | | | | HSI Representative: <i>Jake Heard</i> | | | |
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TERMS: Cash in advance unless Hurricane Services Inc. (HSI) has approved credit prior to sale. Credit terms of sale for approved accounts are 1/10 net 30. Past due accounts shall pay interest on the balance past due at the rate of 1 1/2% per month or the maximum allowable by applicable state or federal law. In the event it is necessary to employ an agency and/or attorney to collect, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount is immediately due and subject to collection. Prices quoted are estimates only and are good for 30 days from the date of issue. Pricing does not include federal, state, or local taxes, or royalties and stated price adjustments. Actual charges may vary depending upon time, equipment, and material ultimately required to perform these services. Any discount is based on 30 days net payment terms or cash. **DISCLAIMER NOTICE:** Technical data is presented in good faith, but no warranty is stated or implied. HSI assumes no liability for advice or recommendations made concerning the results from the use of any product or service. The information presented is a best estimate of the actual results that may be achieved and should be used for comparison purposes and HSI makes no guarantee of future production performance. Customer represents and warrants that well and all associated equipment in acceptable condition to receive services by HSI. Likewise, the customer guarantees proper operational care of all customer owned equipment and property while HSI is on location performing services. The authorization below acknowledges the receipt and acceptance of all terms/conditions stated above, and Hurricane has been provided accurate well information in determining taxable services.

X

CUSTOMER AUTHORIZATION SIGNATURE

| HURRICANE SERVICES INC | | | |
|------------------------|--------------|--|--------------------|
| Customer: | Bobcat Oil | | Date: 7/24/2018 |
| Field Rep: | Bob Eberhart | | Ticket #: ICT 1231 |
| Address: | | | |
| City, State: | | | |
| County, Zip: | | | |

Date: 7/24/2018

Ticket #: ICT 1231

Customer: **Bobcat Oil**

Field Rep: **Bob Eberhart**

Address:

City, State:

County, Zip:

Field Order No.:

Well Name: **OSW 2018**

| | |
|-----------|------------|
| Location: | Cadmus, KS |
|-----------|------------|

Formation:

Type of Service: **Longstring**

Well Type:

Age of Well:

Packer Type:

Packer Depth:

Treatment Via: **Tubing**

Open Hole: 260' 5.875"

Casing Depth:

Casing Size:

Taking Depth:

Tubing Size:

Linear Depth:

Liner Size

Liner Top

Einiger Bottom

Total Depth

Perf Depths (ft)

Perfs

| | |
|-------------|---|
| Total Perfs | 0 |
|-------------|---|

| SUMMARY | | | |
|-------------|-------------|---------|---------|
| Max R. Rate | Avg R. Rate | Max PSI | Avg PSI |
| 2.0 | 2.0 | 1,500.0 | 480.0 |

PRODUCTS USED

40 sacks Thixotropic

Treater:

Take Heard

Customer: Bob Eberhart