



KANSAS CORPORATION COMMISSION 1054429
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 # 3895
Name: Bobcat Oilfield Services, Inc.
Address 1: 30805 COLD WATER RD
Address 2: _____
City: LOUISBURG State: KS Zip: 66053 + 8108
Contact Person: Bob Eberhart
Phone: (913) 285-0873
CONTRACTOR: License # 4339
Name: Jackson, Dale E & Sue Ellen dba Dale E. Jackson Production Co.
Wellsite Geologist: N/A
Purchaser: High Sierra Crude Oil

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 #: _____
4/8/2011 4/11/2011 6/24/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-107-24371-00-00
Spot Description: _____
SE NW NW SE Sec. 5 Twp. 20 S. R. 23 East West
2015 Feet from North / South Line of Section
2307 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Linn
Lease Name: NE Baker Well #: E-10
Field Name: LaCygne-Cadmus
Producing Formation: Peru
Elevation: Ground: 932 Kelly Bushing: 0
Total Depth: 340 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 20 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 339
feet depth to: 0 w/ 50 sx cml.

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: Deanna Gantzer Date: 06/24/2011



1054429

Operator Name: Bobcat Oilfield Services, Inc. Lease Name: NE Baker Well #: E-10
 Sec. 5 Twp. 20 S. R. 23 East West County: Linn

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 Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Gamma Ray/Neutron/CCL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Peru</td> <td>270</td> <td>GL</td> </tr> </table>	Name	Top	Datum	Peru	270	GL
Name	Top	Datum					
Peru	270	GL					

CASING RECORD <input type="checkbox"/> New <input checked="" 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
Surface casing	8.75	6.25	8	20	Portland	5	
Production casing	5.625	2.875	6	339	Portland/Fly Ash	50	60/40 Poz Mix

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	-			
	-			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
4	279-289 & 291-301	Acid 250 gal 7.5% HCL	

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. _____		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: <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 checked="" 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: _____ _____
--	---	---

Lease:	NORTH EAST BAKER	
Owner:	BOBCAT OILFIELD SERVICES INC.	
OPR #:	3895	
Contractor:	DALE JACKSON PRODUCTION CO.	
OPR #:	4339	
Surface:	Cemented:	Hole Size:
20FT, 6IN	5 SACKS	8 3/4
Longstring	Cemented:	Hole Size:
339' 2 7/8 8RD	50	5 5/8

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

Well #: E-20
Location: S2,NW,NW,SE,SS,T20,SR23,E
County: LINN
FSL: 2,025 2015
FEL: 2,310 2307
API#: 15-107-24371-00-00
Started: 4-8-11
Completed: 4-11-11

SN: NONE	Packer:	TD: 340'
Plugged:	Bottom Plug:	

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
1	1	TOPSOIL	TD	340	SHALE
24	26	LIME			
4	30	SHALE			
2	32	BLACKSHALE			
2	34	SHALE			
21	55	LIME			
3	56	BLACKSHALE			
14	70	LIME			
1	71	BLACKSHALE			
3	74	SHALE (GAS)			
7	81	SHALE (LIMEY)			
31	112	SHALE			
11	123	SANDY SHALE (DRY SAND)			
95	218	SHALE			
1	219	BLACKSHALE			
8	227	SHALE			
7	234	LIME			
20	254	SHALE			
1	255	LIME			
6	261	SHALE			
7	268	LIME (GAS)			
1	269	SHALE			
1	270	OIL SAND (WATER) (POOR BLEED)			
2	276	SANDY SHALE (OIL SAND STK)(GAS)			
2	274	OIL SAND (WATER) (POOR BLEED)			
5	279	OIL SAND (FAIR BLEED) (GAS)			
2	281	OIL SAND (SOME SHALE) (GOOD BLEED)			
.5	281.5	OIL SAND (GOOD BLEED) (FRACTURED)			
5.5	287	OIL SAND (GOOD BLEED) (SOME SHALE)			
3.5	290.5	OIL SAND (SHALEY) (GOOD BLEED)			
1	291.5	SANDY SHALE (SOME OIL SAND STEAKS) (POOR BLEED)			
1	292.5	OIL SAND (SHALEY) (GOOD BLEED)			
1.5	294	SANDY SHALE (SOME OIL SAND STEAKS) (POOR BLEED)			
1	295	OIL SAND (SOME SHALE) (FAIR BLEED)			
1.5	296.5	SANDY SHALE (SOME OIL SAND STEAKS)(POOR BLEED)			
1	297.5	OIL SAND (SOME SHALE) (GOOD BLEED)			
.5	298	LIME			
3.5	301.5	OIL SAND (SOME SHALE) (GOOD BLEED)			
14.5	315	SHALE			
2	317	COAL			
5	322	SHALE			
10	332	LIME			

SURFACE: 4-8-11-BECKY
SET TIME: 4:30 P.M.
CALLED: 1:00 P.M.

LONGSTRING: 339' 2 7/8 8RD PIPE
TD: 340'
SET TIME: 1:30 P.M. - 4-11-11-JUDY
CALLED: 10:45 A.M.



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

Well #: E-10
Location: S2,NW,NW,SE,SS,T20,SR23,E
County: LINN
FSL: 2-025 2015
FEL: 2-310 2307
APIN: 15-107-24371-00-00
Started: 4-8-11
Completed: 4-11-11

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	279				
1	280		1	OIL SAND (GOOD BLEED) (SOME SHALE)	
2	281		1	OIL SAND (GOOD BLEED) (FRACTURED)	281 281.5
3	282		1	OIL SAND (GOOD BLEED) (SOME SHALE)	
4	283		1		
5	284		1		
6	285		.5		
7	286		1		
8	287		1.5		287
9	288		1	OIL SAND (SHALEY) (GOOD BLEED)	
10	289		1.5		
11	290		1.5		
12	291		2.5	SANDY SHALE (SOME OIL SAND STEAKS) (POOR BLEED)	291.5
13	292		2	OIL SAND (SHALEY) (GOOD BLEED)	292.5
14	293		2	SANDY SHALE (SOME OIL SAND STEAKS) (POOR BLEED)	294
15	294		2.5	OIL SAND (SOME SHALE) (FAIR BLEED)	295
16	295		1	SANDY SHALE (SOME OIL SAND STEAKS) (POOR BLEED)	296.5
17	296		1.5		
18	297		1.5	OIL SAND (SOME SHALE) (GOOD BLEED)	297.5
				LIME	298
19	298		2	OIL SAND SOME SHALE (GOOD BLEED)	
20	299		1		

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: 10029555	
Special :		Time:	15:16:58
Instructions :		Ship Date:	03/30/11
		Invoice Date:	04/01/11
Sale rep #: MAVERY MIKE		Accl rep code:	Due Date: 05/05/11
Sold To: BOBCAT OILFIELD SRVC,INC		Ship To: BOBCAT OILFIELD SRVC,INC	
C/O BOB EBERHART		(913) 837-2823	
30805 COLDWATER RD			
LOUISBURG, KS 66053		(913) 837-2823	
Customer #: 3570021	Customer PO:	Order By: TERRY	

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
280.00	280.00	L	BAG	CPPC	PORTLAND CEMENT	7.9900 BAG	7.9900	2237.20
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

NE Baker
 E-10
 4-11-11

913-837-4159

INVOICE

*Ordered by Terry
 Direct Delivery*

	FILLED BY _____ CHECKED BY _____ DATE SHIPPED _____ DRIVER _____		Sales total \$3699.20
	SHIP VIA LINN COUNTY		
	RECEIVED COMPLETE AND IN GOOD CONDITION		
X		Taxable 3699.20 Non-taxable 0.00 Tax # _____	Sales tax 233.05
TOTAL			\$3932.25

1 - Merchant Copy

