



KANSAS CORPORATION COMMISSION 1061642
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 SLOW
 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 #: _____

<u>6/23/2011</u>	<u>6/24/2011</u>	<u>9/14/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-107-24350-00-00

Spot Description: _____
NW NW NW SE Sec. 5 Twp. 20 S. R. 23 East West
2473 Feet from North / South Line of Section
2493 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 #: B-9

Field Name: LaCygne-Cadmus

Producing Formation: Peru

Elevation: Ground: 905 Kelly Bushing: 0

Total Depth: 330 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: 324

feet depth to: 0 w/ 50 sx cmf.

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 Garrisor Date: 09/20/2011



1061642

Operator Name: Bobcat Oilfield Services, Inc. Lease Name: NE Baker Well #: B-9
 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 Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name Peru	Top 263 Datum GL
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 <i>(If no, Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run: Gamma Ray/Neutron/CCL			

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	324	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 <i>(Amount and Kind of Material Used)</i>	Depth
3	266-285	Acid 500 gal 7.5% HCL	
3	292-297		

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 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: _____ _____
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Lease:	BOBCAT OILFIELD SERVICES, INC.	
Owner:	BOB EBERHART	
OPR #:	3895	
Contractor:	DALE JACKSON PRODUCTION CO.	
OPR #:	4339	
Surface:	Cemented:	Hole Size:
20FT, 6IN	5 SACKS	8 3/4
Longstring	Cemented:	Hole Size:
324' 2 7/8	50	5 5/8

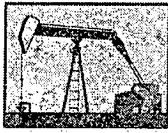
Dale Jackson Production Co.
 Box 266, Mound City, Ks 66056
 Cell # 620-363-2683
 Office # 913-795-2991

Well #: B-9
Location: NW-NW-SE, S:5 T:20.
S.R.: 23, E
County: LINN
FSL: 2475 2473
FEL: 2475 2493
API#: 15-107-24350-00-00
Started: 6-23-11
Completed: 6-24-11

SN: 261'	Packer:	TD: 330'
Plugged:	Bottom Plug:	

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
1	1	TOP SOIL	SURFACE: 6-23-11 SET TIME: 4:00PM - LARRY CALLED: 12:30PM LONGSTRING: 324 2 7/8 8RD PIPE TD: 330' SET TIME: 2:00PM 6-24-11 CALLED: 12:00PM		
13	14	LIME			
7	21	SHALE			
3	24	BLACK SHALE			
2	26	SHALE			
17	43	LIME			
3	46	SHALE			
2	48	BLACK SHALE			
3	51	LIME			
5	56	SHALE			
5	61	LIME			
1	62	BLACK SHALE			
11	73	SHALE (LIMEY)			
33	106	SHALE			
12	118	SANDY SHALE (DRY SAND)			
98	216	SHALE			
1	217	SANDY SHALE (DRY SAND)			
5	222	SHALE			
7	229	BLACK SHALE			
20	249	SHALE			
11	260	LIME (ODOR)			
2	262	SHALE			
2.5	264.5	OIL SAND (SHALEY) (FAIR BLEED)			
8.5	273	OIL SAND (SOME SHALE) (GOOD BLEED)			
2.5	275.5	OIL SAND (LIMEY) (GOOD BLEED)			
3	278.5	OIL SAND (SHALEY) (GOOD BLEED)			
1.5	280	OIL SAND (SOME SHALE) (GOOD BLEED)			
2.5	282.5	OIL SAND (SHALEY) (GOOD BLEED)			
1	283.5	OIL SAND (SOME SHALE) (GOOD BLEED)			
7	290.5	SANDY SHALE (SOME OIL SAND STRKS) (POOR BLEED)			
0.5	291	OIL SAND (SOME SHALE) (GOOD BLEED)			
0.5	291.5	LIME			
2.5	294	OIL SAND (SOME SHALE) (GOOD BLEED)			
3	297	SANDY SHALE (OIL SAND STRKS)			
11	308	SHALE			
2	310	COAL			
5	315	SHALE			
11	325	LIME			
TD	330	SHALE			



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

Well #:	B-9
Location:	NW-1/4-11W-11N-SE
	S:5, T:20S, R:22E
County:	Linn
FSL:	2475 2473
FEL:	2475 2493
API#:	15-10724350-00-00
Started:	6-23-11
Completed:	6-24-11

Core Run #1

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

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	273				
1	274		1		
2	275		2		
3	276		1.5	OIL SAND (LIMEY) (GOOD BLEED)	275.5
4	277		1		
5	278		1.5		
6	279		1	OIL SAND (SHALEY) (GOOD BLEED)	278.5
7	280		1.5	OIL SAND (SOME SHALE) (GOOD BLEED)	280
8	281		1		
9	282		1.5	OIL SAND (SHALEY) (GOOD BLEED)	282.5
10	283		1.5	OIL SAND (SOME SHALE) (GOOD BLEED)	283.5
11	284		1.5		
12	285		1.5		
13	286		2		
14	287		1.5		
15	288		2.5		
16	289		2.5		
17	290		3	SANDY SHALE (SOME OIL SAND STRKS) (POOR BLEED)	290.5
18	291		3.5	OIL SAND (SOME SHALE) (GOOD BLEED)	291
				LIME	291.5
19	292		2.5		
20	293		2	OIL SAND (SOME SHALE) (GOOD BLEED)	

Avery Lumber
 P.O. BOX 68
 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: **10031778**

Special : Time: 16:58:25
 Instructions : Ship Date: 08/10/11
 : Invoice Date: 08/14/11
 Sales rep #: MAVERY MIKE Acct rep code: Due Date: 07/05/11

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:

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
PHONE IN ORDER BY TERRY								

*NE Baker
 B-9
 6-24-11*

INVOICE

FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	\$3783.20
SHIP VIA LINN COUNTY				Taxable	3783.20
RECEIVED COMPLETE AND IN GOOD CONDITION				Non-taxable	0.00
X				Tax #	
				Sales tax	238.34

TOTAL \$4021.54

1 - Merchant Copy

