



KANSAS CORPORATION COMMISSION 1061634  
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 #: \_\_\_\_\_

<u>6/20/2011</u>	<u>6/21/2011</u>	<u>9/14/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-107-24352-00-00

Spot Description:  
NW NE NW SE Sec. 5 Twp. 20 S. R. 23  East  West  
2454 Feet from  North /  South Line of Section  
1807 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-11

Field Name: LaCygne-Cadmus

Producing Formation: Peru

Elevation: Ground: 890 Kelly Bushing: 0

Total Depth: 310 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: 305

feet depth to: 0 w/ 50 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: Deanna Garrison Date: 09/20/2011



1061634

Operator Name: Bobcat Oilfield Services, Inc. Lease Name: NE Baker Well #: B-11  
 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 Name Top Datum Peru 245 GL
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	

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	305	Portland/Fly Ash	50	60/40 Poz Mix

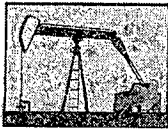
ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing	-			
___ Plug Back TD				
___ Plug Off Zone	-			

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
3	250-258	Acid 500 gal 7.5% HCL	
3	266.5-270		

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: _____ _____
---	--	--





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

**Core Run #1**

Well #: B-11
Location: NW-NE-NW, S:5, T:20, S.R.:23, E
County: LINN
FSL: 2475 2454
FEL: 1815 1807
API#: 15-107-24352-00-00
Started: 6-20-11
Completed: 6-21-11

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	253				
1	254		.5		
2	255		2		
3	256		3.5		
4	257		3	OIL SAND SOME SHALE (GOOD BLEED)	257.5
5	258		3		
6	259		2.5	OIL SAND (SHALEY) (FAIR BLEED)	258.5
7	260		2		
8	261		1.5		
9	262		2		
10	263		1.5	SANDY SHALE, SOME OIL SAND STRKS (POOR BLEED)	263
11	264		1.5		
12	265		1	OIL SAND (SHALEY) (FAIR BLEED)	264.5
13	266		1	SANDY SHALE (SOME OIL SAND STRKS) (POOR BLEED)	266
14	267		2		
15	268		1.5	OIL SAND (VERY SHALEY) (FAIR BLEED)	267.5
16	269		2.5	OIL SAND (SOME SHALE) (GOOD BLEED)	269
17	270		2		
18	271		1.5	SANDY SHALE (SOME OIL SAND STRKS) (POOR BLEED)	
19	272		1.5		
20	273		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: 10031778	
Special :		Time:	16:58:25
Instructions :		Ship Date:	08/10/11
Sale rep #: MAVERY MIKE		Invoice Date:	08/14/11
		Due Date:	07/05/11
Sold To: BOBCAT OILFIELD SRVC, INC C/O BOB EBERHART 30805 COLDWATER RD LOUISBURG, KS 66053		Ship To: BOBCAT OILFIELD SRVC, INC (913) 837-2823  (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	8.2800	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  
8-11  
6-2-11*

**INVOICE**

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

**TOTAL \$4021.54**

1 - Merchant Copy

