



KANSAS CORPORATION COMMISSION 1061602  
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>6/2/2011</u>	<u>6/3/2011</u>	<u>8/30/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-107-24368-00-00

Spot Description: \_\_\_\_\_

NE NW NE SE Sec. 5 Twp. 20 S. R. 23  East  West

2490 Feet from  North /  South Line of Section

870 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 #: D-14

Field Name: LaCygne-Cadmus

Producing Formation: Peru

Elevation: Ground: 896 Kelly Bushing: 0

Total Depth: 323 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: 316

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 Garcia Date: 09/07/2011



1061602

Operator Name: Bobcat Oilfield Services, Inc. Lease Name: NE Baker Well #: D-14  
 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 <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-collapse: collapse;"> <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	316	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	263.0 - 272.0	Acid 500 gal 7.5% HCL	
4	280.0 - 288.0		

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: _____ _____
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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:
316' 2 7/8	50	5 5/8
BRD PIPE		

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



Well #: D-11
Location: SE,NW,NE,SE,SS,T2D,SR23,E
County: LINN
FSL: 2,175 2490
FEL: 825 870
API#: 15-107-24368-00-00
Started: 6-2-11
Completed: 6-3-11

SN: 256'	Packer:
Plugged:	Bottom Plug:

TD: 323

### Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
1	1	TOPSOIL			
9	10	LIME			
2	12	CLAY			
6	18	SHALE			
1	19	BLACKSHALE			
20	39	LIME			
4	43	SHALE			
2	45	BLACKSHALE			
4	49	LIME			
4	53	SHALE			
6	59	LIME			
1	60	BLACKSHALE			
41	101	SHALE			
6	107	SAND (DRY)			
16	123	SANDY SHALE			
83	206	SHALE			
1	207	BLACKSHALE			
10	217	SHALE			
6	223	LIME			
24	247	SHALE			
10	257	LIME			
3	260	SHALE			
1	261	SANDY SHALE (ODOR)			
1	262	SANDY SHALE (SOME OIL SAND STEAKS) (POOR BLEED)			
.5	262.5	LIME (SANDY)			
.5	269	SANDY SHALE (SOME OIL SAND STEAKS) (POOR BLEED)			
1.5	264.5	OIL SAND (SHALEY) (GOOD BLEED)			
5.5	270	OIL SAND (SOME SHALE) (GOOD BLEED)			
2.5	272.5	OIL SAND (SHALEY) (GOOD BLEED)			
4.5	277	SANDY SHALE (SOME OIL SAND STEAKS)(POOR BLEED)			
2	279	OIL SAND (SOME SHALE) (FAIR BLEED)			
1	280	SANDY SHALE (OIL SAND STK)			
3	283	OIL SAND(VERY SHALEY) (FAIR BLEED)			
3.5	286.5	OIL SAND (SOME SHALE) (GOOD BLEED)			
5.5	292	SANDY SHALE (SOME OIL SAND STK)			
13	305	SHALE			
2	307	COAL			
3	310	SHALE			
11	321	LIME			
TD	323	SHALE			

SURFACE: 6-2-11  
 SET TIME: 4:00 P.M. RUSSEL  
 CALLED: 12:30 P.M.  
  
 LONGSTRING: 317' 2 7/8 BRD PIPE  
 TD: 323'  
 SET TIME: 2:00 P.M. 6-3-11-JUDY  
 CALLED: 12:15 P.M.



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

Well #: D-14 NE
Location: SE,NW,NE,SESS,T20,SR23,E
County: LINN
FSL: 2,175 2490
FEL: 825 870
API#: 15-107-24368-00-00
Started 6-2-11
Completed: 6-3-11

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				
				SANDY SHALE (SOME OIL SAND STEAKS) (POOR BLEED)	262
1	262		1	LIME (SANDY)	262.5
				SANDY SHALE (SOME OIL SAND STREAKS)	263
2	263		1.5		
				OIL SAND (SHALEY) (GOOD BLEED)	
3	264		1		264.5
4	265		1		
5	266		1		
6	267		1	OIL SAND (SOME SHALE) (GOOD BLEED)	
7	268		1		
8	269		1.5		
					270
9	270		1.5		
10	271		1.5	OIL SAND (SHALEY) (GOOD BLEED)	
11	272		2.5		272.5
12	273		2		
13	274		2		
14	275		2		
15	276		2.5		
16	277		2	SANDY SHALE (SOME OIL SAND STEAKS) (POOR BLEED)	
17	278		3.5		
18	279		3.5		
19	280		4		
20	281		3		

**Avery Lumber**  
 P.O. BOX 66  
 MOUND CITY, KS 66058  
 (913) 795-2210 FAX (913) 795-2194

Merchant Copy

**INVOICE**

THIS COPY MUST REMAIN AT  
 MERCHANT AT ALL TIMES!

Page: 1	Invoice: 10031065
Special : Instructions :	Time: 18:38:42 Ship Date: 05/18/11 Invoice Date: 05/18/11 Due Date: 06/05/11
Sale rep #: MAVERY MIKE	Acc rep code:
Bold To: BOBCAT OILFIELD SRVC,INC C/O BOB EBERHART 30808 COLDWATER RD LOUISBURG, KS 66053	Ship To: BOBCAT OILFIELD SRVC,INC (913) 837-2823 (913) 837-2823
Customer #: 3670021	Customer PO: Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
315.00	315.00	L	BAG	CPPC	PORTLAND CEMENT	8.2900 BAG	8.2900	2611.35
200.00	200.00	L	BAG	CPPM	POST SET FLY ASH 75#	5.1000 BAG	5.1000	1020.00
14.00	14.00	L	EA	CPOP	QUIKRETE PALLET8	17.0000 EA	17.0000	238.00

913-837-4159  
 NE Baker  
 D-14  
 6-3-11  
~~PHONE~~ PHONE ORDER BY TERRY  
 DIRECT DELIVERY

**INVOICE**

FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	\$3869.35
SHIP VIA LINN COUNTY				Taxable	3869.35
RECEIVED COMPLETE AND IN GOOD CONDITION				Non-taxable	0.00
X				Sales tax	243.77
				Tax #	

**TOTAL \$4113.12**

1 - Merchant Copy

