



KANSAS CORPORATION COMMISSION 1054346
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>3/30/2011</u>	<u>3/31/2011</u>	<u>8/23/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-107-24376-00-00

Spot Description: _____
NE SW NW SE Sec. 5 Twp. 20 S. R. 23 East West
1852 Feet from North / South Line of Section
2154 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 #: F-10
Field Name: LaCygne-Cadmus

Producing Formation: Peru

Elevation: Ground: 939 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: 332
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: Deanne Garcia Date: 08/24/2011



1054346

Operator Name: Bobcat Oilfield Services, Inc. Lease Name: NE Baker Well #: F-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 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: 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>274</td> <td>GL</td> </tr> </table>	Name	Top	Datum	Peru	274	GL
Name	Top	Datum					
Peru	274	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	332	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	280-295	Acid 500 gal 7.5% HCL	
3	297-307		

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 Bbbs.	Gas Mcf	Water Bbbs. 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:
332' 2 7/8	50	5 5/8
8RD		

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

Well #: F-10
Location: N2, SW, NW, SE, S5, T20, SR23, E
County: LINN
FSL: 1,875-1852
FEL: 3,310-2154
API#: 15-107-24376-00-00
Started: 3-30-11
Completed: 3-31-11

SN: 270'	Packer:	TD: 340
Plugged:	Bottom Plug:	

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
1	1	TOPSOIL			
29	30	LIME			
3	33	SHALE			
3	36	BLACKSHALE			
2	38	SHALE			
18	56	LIME			
2	58	SHALE			
2	60	BLACKSHALE			
13	73	LIME (SHALEY)			
1	74	BLACKSHALE (FLOW) (WATER & GAS)			
10	84	SHALE (LIMEY) (FLOW)(WATER & GAS)			
30	114	SHALE			
14	128	SANDY SHALE (DRY SAND)			
99	227	SHALE			
1	228	BLACKSHALE			
3	231	SHALE			
6	237	LIME			
21	258	SHALE			
2	260	LIME			
3	263	SHALE			
7	270	LIME			
3	273	SANDY SHALE (LIMEY) (ODOR)			
3	276	OIL SAND (SOME SHALE) (WATER) (POOR BLEED)			
1	277	OIL SAND (SHALEY) (SOME WATER) (POOR BLEED)			
2	279	OIL SAND (FAIR BLEED)			
1	280	OIL SAND (SOME SHALE) (FAIR BLEED)			
2	282	OIL SAND (SOME SHALE) (GOOD BLEED) (LITTLE SHOW OF WATER)			
.5	282.5	LIME			
1	292.5	OIL SAND (SOME SHALE) (GOOD BLEED)			
3	295.5	OIL SAND (SHALEY) (GOOD BLEED)			
3.5	299	SANDY SHALE (SOME OIL SAND STEAKS) (POOR BLEED)			
1	300	OIL SAND (FAIR BLEED) (OIL & WATER)			
1.5	301.5	SANDY SHALE (SOME OIL SAND STEAKS) (POOR BLEED)			
1.5	303	OIL SAND (SHALEY) (FAIR BLEED) (SOME GAS)			
4	307	OIL SAND (SOME SHALE) (GOOD BLEED)			
10	317	SHALE			
2	319	COAL			
5	324	SHALE			
10	334	LIME			
TD	340	SHALE			

SURFACE: 3-30-11-JUDY
SET TIME: 4:00 P.M.
CALLED: 12:30 P.M.

LONGSTRING: 332' 2 7/8 8RD PIPE
SET TIME: 2:00 P.M. 3-31-11-RUSSEL
CALLED: 11:30 A.M.



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FEL: 2-910 2154
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Started: 3-30-11
Completed: 3-31-11

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	280				
1	281		1	OIL SAND SOME SHALE (GOOD BLEED) (LITTE SHOW OF WATER)	282
2	282		1	LIME	282.5
3	283		1.5		
4	284		1.5	OIL SAND (SOME SHALE) (LITTEL SHOW OF WATER) (GOOD BLEED)	
5	285		1.5		286
6	286		2		
7	287		1		
8	288		1.5	OIL SAND (SOME SHALE) (GOOD BLEED)	
9	289		1.5		
10	290		1		291
11	291		2	LIME	291.5
12	292		2	OIL SAND (SOME SHALE) (GOOD BLEED)	292.5
13	293		2.5		
14	294		2	OIL SAND (SHALEY) (GOOD BLEED)	295.5
15	295		2		
16	296		2		
17	297		1.5	SANDY SHALE (SOME OIL SAND STREAKS) (POOR BLEED)	
18	298		2		299
19	299		2		
20	300		1.5	OIL SAND (FAIR BLEED) (OIL & WATER)	

Avery Lumber
 P.O. BOX 66
 MOUND CITY, KS 66056
 (913) 795-2210 FAX (913) 795-2194

Customer Copy
INVOICE
 PLEASE REFER TO INVOICE NUMBER
 ON ALL CORRESPONDENCE

Page: 1		Invoice: 10029149	
Special :		Time:	12:23:42
Instructions :		Ship Date:	03/17/11
		Invoice Date:	03/21/11
Sale rep #: MAVERY MIKE		Acct rep code:	Due Date: 04/05/11
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: TERRY	

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
315.00	315.00	L	BAG	CPPC	PORTLAND CEMENT	7.9900 BAG	7.9900	2518.85
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	CPQP	QUIKRETE PALLETS	17.0000 EA	17.0000	238.00

*NE Baker
F-10*

*DIRECT DELIVERY - 3.21.11
ORDERED BY TERRY*

913-837-4155

INVOICE

	FILLED BY _____ CHECKED BY _____ DATE SHIPPED _____ DRIVER _____ SHIP VIA LINN COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION _____ X	Taxable 3774.85 Non-taxable 0.00 Tax # _____	Sales total \$3774.85 Sales tax 237.82 TOTAL \$4012.67
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2 - Customer Copy

