



KANSAS CORPORATION COMMISSION 1056900
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>4/19/2011</u>	<u>4/20/2011</u>	<u>8/30/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-107-24367-00-00

Spot Description: _____
SW NW NE SE Sec. 5 Twp. 20 S. R. 23 East West
2179 Feet from North / South Line of Section
1175 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-13

Field Name: LaCygne-Cadmus

Producing Formation: Peru

Elevation: Ground: 920 Kelly Bushing: 0

Total Depth: 343 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: 334

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 Gantico Date: 09/07/2011



1056900

Operator Name: Bobcat Oilfield Services, Inc. Lease Name: NE Baker Well #: D-13
 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>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	334	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 (Amount and Kind of Material Used)	Depth
3	275.0 - 283.0	Acid 500 gal 7.5% HCL	
3	286.0 - 290.0		
3	292.0 - 296.0		

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:	NOTH 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:
334' 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 #: D-13
Location: SW, NW, NE, SE, S5, T20, SR23, E
County: LINN
FSL: 2,475 2179
FEL: 1,159 1175
API#: 15-107-24367-00-00
Started: 4-19-11
Completed: 4-20-11

SN: 272'	Packer:	TD: 343'
Plugged:	Bottom Plug:	

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
1	1	TOPSOIL			
8	9	CLAY			
10	19	LIME (BROKEN)(CLAY)			
6	25	SHALE			
3	28	BLACKSHALE			
23	51	LIME			
2	53	SHALE			
2	55	BLACKSHALE			
13	68	LIME (SHALEY)			
1	69	BLACKSHALE			
10	79	SHALE (LIMEY)			
29	108	SHALE			
25	133	SANDY SHALE (DRY SAND)			
84	217	SHALE			
1	218	BLACKSHALE			
8	226	SHALE			
7	233	LIME			
5	238	SHALE			
1	239	RED BED			
16	255	SHALE			
11	266	LIME (ODOR)			
3	269	SHALE			
3	272	SANDY SHALE (LIMEY)			
1.5	273.5	SANDY SHALE (OIL SAND STK)			
3.5	277	OIL SAND (SOME SHALE) (OIL & WATER) (POOR BLEED)			
3.5	280.5	OIL SAND (SOME SHALE) (GOOD BLEED)			
1.5	282	OIL SAND (SHALEY)(FRACTURED)(GOOD BLEED)			
5	287.5	SANDY SHALE (SOME OIL SAND STEAKS) (POOR BLEED)			
2	289.5	OIL SAND (SHALEY)(GOOD BLEED)			
.5	290	SANDY SHALE (SOME OIL SAND STEAKS) (POOR BLEED)			
1	291.5	SANDY SHALE (SOME OIL SAND STEAKS)(POOR BLEED)			
2.5	294	OIL SAND (SOME SHALE) (GOOD BLEED)			
7	301	SANDY SHALE (OIL SAND STK)			
12	313	SHALE			
2	315	COAL			
3	318	SHALE			
12	330	LIME			
9	339	SHALE			
TD	343	LIME			

SURFACE: 4-19-11-JUDY
SET TIME: 4:30 P.M.
CALLED: 1:15 P.M.

LONGSTRING: 334' 2 7/8 8RD
TD: 343'
SET TIME: 2:30 P.M. -4-20-11-BECKY
CALLED: 1:30 P.M.



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

Well #: D-13
Location: SW,NW,NE,SE,S5,T20,SR23,E
County: LINN
FSL: 2475 2179
FEL: -1,155 1175
API#: 15-107-24367-00-00
Started: 4-19-11
Completed: 4-20-11

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	273			SANDY SHALE (OIL SAND STREAKS) (POOR BLEED)	273.5
1	274		1.5	OIL SAND (SOME SHALE) (OIL & WATER) (FAIR BLEED)	277
2	275		1		
3	276		1.5		
4	277		1	OIL SAND (GOOD BLEED) (SOME SHALE)	280.5
5	278		1		
6	279		1.5		
7	280		1	OIL SAND (FRACTURED) (SHALEY) (GOOD BLEED)	282
8	281		1.5		
9	282		1.5		
10	283		3	SANDY SHALE (SOME OIL SAND STREAKS) (POOR BLEED)	287.5
11	284		2.5		
12	285		2		
13	286		2.5		
14	287		2.5		
15	288		2	OIL SAND (SHALEY) (GOOD BLEED)	289.56
16	289		2.5	SANDY SHALE (SOME OIL SAND STREAKS) (POOR BLEED)	
17	290		3.5	OIL SAND (SHALEY) (FAIR BLEED)	290.5
18	291		3	SANDY SHALE (SOME OIL SAND STREAKS) (POOR BLEED)	291.5
19	292		2	OIL SAND (SOME SHALE) (GOOD BLEED)	
20	293		1.5		

Avery Lumber
 P.O. BOX 88
 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: 10030184	
Special:	:	Time:	17:08:25
Instructions:	:	Ship Date:	04/18/11
:	:	Invoice Date:	04/22/11
Sale rep #:	MAVERY MIKE	Acct rap code:	Due Date: 05/05/11
Sold To: BOBCAT OILFIELD SRVC, INC C/O BOB EBERHART 30808 COLDWATER RD LOUISBURG, KS 66089		Ship To: BOBCAT OILFIELD SRVC, INC (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	8.2800 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
DIRECT DELIVERY ORDERED BY TERRY <i>NE Baker</i> <i>D13</i> <i>4-20-11</i> DELIVERED 4.20.11 A.M. DIRECT DELIVERY 913.837.4159								

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 Sales tax 238.34 Tax # _____
		TOTAL \$4021.54

2 - Customer Copy

