



KANSAS CORPORATION COMMISSION 1063689  
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>7/27/2011</u>	<u>7/28/2011</u>	<u>11/16/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-107-24420-00-00  
Spot Description: \_\_\_\_\_  
SE NE SE SW Sec. 5 Twp. 20 S. R. 23  East  West  
823 Feet from  North /  South Line of Section  
2824 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW  
County: Linn  
Lease Name: South Baker Well #: L-8  
Field Name: LaCygne-Cadmus  
Producing Formation: Peru  
Elevation: Ground: 914 Kelly Bushing: 0  
Total Depth: 320 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: 319  
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 Gantner Date: 11/21/2011



1063689

Operator Name: Bobcat Oilfield Services, Inc. Lease Name: South Baker Well #: L-8  
 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  Name Top Datum Peru 260 GL
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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	319	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 (Amount and Kind of Material Used)	Depth
3	263-283	Acid 500 gal 7.5% HCL	
3	285-291		

<b>TUBING RECORD:</b>		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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Dale Jackson Production Co.  
 Box 266, Mound City, Ks 66056  
 Cell # 620-363-2683  
 Office # 913-795-2991

Well #: L-8
Location: SE,NE,SE, S:8, T:20, S.R.:23, E
County: LINN
FSL: 825 823
FEL: 2805 2824
API#: 15-107-24420-00-00
Started: 7-27-11
Completed: 7-28-11

Lease :	S. 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	260				
1	261		1		
2	262		1		
3	263		1		
4	264		2	OIL SAND (SOME SHALE) (GOOD BLEED) (SOME WATER)	263.5
5	265		1	OIL SAND (LIMEY) (GOOD BLEED)	265
6	266		1		
7	267		1.5		
8	268		1		
9	269		1.5	OIL SAND (SOME SHALE) (GOOD BLEED)	269
10	270		2	LIME	270
11	271		1		
12	272		1		
13	273		1	OIL SAND (GOOD BLEED) (SOME SHOW OF WATER)	273
14	274		1		
15	275		1		
16	276		1		
17	277		1.5		
18	278		1	OIL SAND (GOOD BLEED)	278
19	279		1.5		
20	280		1	OIL SAND (GOOD BLEED) ( SOME SHALE)	

# Avery Lumber

P.O. BOX 66  
 MOUND CITY, KS 68056  
 (913) 795-2210 FAX (913) 795-2194

Customer Copy

## INVOICE

PLEASE REFER TO INVOICE NUMBER  
 ON ALL CORRESPONDENCE

Page: 1 Invoice: 10033034

Special : Time: 16:12:48  
 Instructions : Ship Date: 07/28/11  
 Invoice Date: 07/28/11  
 Sale rep #: SCOLEMAN STEVE Acct rep code: Due Date: 08/05/11

Sold To: BOBCAT OILFIELD SRVC, INC Ship To: BOBCAT OILFIELD SRVC, INC  
 C/O BOB EBERHART (913) 837-2823  
 30805 COLDWATER RD  
 LOUISBURG, KS 68063 (913) 837-2823

Customer #: 3570021 Customer PO: Order By:

5TH  
 T 23

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
318.00	315.00	L	BAG	CPPC	PORTLAND CEMENT	8.2900 BAG	8.2900	2911.35
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	CPQP	QUIKRETE PALLETS	17.0000 EA	17.0000	238.00

*Smith Baker  
 L-8  
 7-28-11*

*DIRECT DELIVER  
 PHONE ORDER BY TERRY*

**NOV 9 9:53 AM '11**

FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	\$3868.35
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**

2 - Customer Copy

