



KANSAS CORPORATION COMMISSION 1066160  
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 #: \_\_\_\_\_  
8/16/2011    8/17/2011    11/23/2011  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date    Recompletion Date

API No. 15 - 15-107-24537-00-00  
Spot Description: \_\_\_\_\_  
SW SW SE SW Sec. 5 Twp. 20 S. R. 23  East  West  
162 Feet from  North /  South Line of Section  
3798 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 #: P-5  
Field Name: LaCygne-Cadmus  
Producing Formation: Peru  
Elevation: Ground: 889 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: 306  
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: 11/29/2011



1066160

Operator Name: Bobcat Oilfield Services, Inc. Lease Name: South Baker Well #: P-5  
 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>246</td> <td>GL</td> </tr> </table>	Name	Top	Datum	Peru	246	GL
Name	Top	Datum					
Peru	246	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	306	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	249-259	Acid 500 gal 7.5% HCL	
3	260-265		
3	267-270		

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 Bbbs.	Gas Mcf	Water Bbbs. 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) (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

Lease :	S. BAKER
Owner:	BOBCAT OILFIELD SERVICES INC.
OPR #:	3895
Contractor:	DALE JACKSON PRODUCTION CO.
OPR #:	4339

## Core Run #1

Well #: P-5	-SW
Location: SW,SW,SE, S:5, T:20, S.R.:23, E	
County: LINN	
FSL: 465	162
FEL: 3795	3798
API#: 15-107-245337-00-00	
Started: 8-16-11	
Completed: 8-17-11	

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	252				
1	253		1		
2	254		0.5		
3	255		1		
4	256		1		
5	257		1		
6	258		1		
7	259		1		
8	260		1		
9	261		1	OIL SAND (GOOD BLEED)	261
10	262		1.5		
11	263		1		
12	264		1.5		
13	265		1.5	OIL SAND (SOME SHALE) (GOOD BLEED)	265
14	266		2	SANDY SHALE (SOME OIL SAND STRKS) (POOR BLEED)	266.5
15	267		2		
16	268		1.5	OIL SAND (SOME SHALE) (GOOD BLEED)	268
17	269		1		
18	270		2	OIL SAND (SOME COAL STRKS) (GOOD BLEED)	
19	271		2		
20	272		2.5		

**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: <b>10033533</b>	
Special :		Time:	09:11:41
Instructions :		Ship Date:	08/11/11
		Invoice Date:	08/15/11
Sale rep #: MAVERY MIKE	Acct rep code:	Due Date:	09/05/11
Sold To: BOBCAT OILFIELD SRVC, INC C/O BOB EBERHART 30505 COLDWATER RD LOUISBURG, KS 66053		Ship To: BOBCAT OILFIELD SRVC, INC (913) 837-2823	
Customer #: 3570021		Order By: TERRY	

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	AR Price/Uom	PRICE	EXTENSION
280.00	280.00	L	BAG	CPPC	PORTLAND CEMENT	8.2900 BAG	8.2900	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

*South Baker*  
 P-5  
 8-17-11

*PHONE ORDER BY TERRY*

*DIRECT DELIVERY FRIDAY 8-12-11*

**NOTICE**  
 8/15/11 8:15 AM  
 FAXED 8-15-11

	FILLED BY _____ CHECKED BY _____ DATE SHIPPED _____ DRIVER _____	Sales total <b>\$3783.20</b>
	SHIP VIA LINN COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION	Taxable 3783.20 Non-taxable 0.00 Tax # _____
X		Sales tax <b>238.34</b> <b>TOTAL \$4021.54</b>

2 - Customer Copy

