



KANSAS CORPORATION COMMISSION 1065975
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>9/20/2011</u>	<u>9/22/2011</u>	<u>11/23/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-107-24476-00-00

Spot Description:
NE NW NW SW Sec. 5 Twp. 20 S. R. 23 East West
2481 Feet from North / South Line of Section
4770 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Linn

Lease Name: North Baker Well #: B-2

Field Name: LaCygne-Cadmus

Producing Formation: Peru

Elevation: Ground: 910 Kelly Bushing: 0

Total Depth: 325 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: 320

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 Garfield Date: 11/29/2011



1065975

Operator Name: Bobcat Oilfield Services, Inc. Lease Name: North Baker Well #: B-2
 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="border: none;">Name</td> <td style="border: none;">Top</td> <td style="border: none;">Datum</td> </tr> <tr> <td style="border: none;">Peru</td> <td style="border: none;">274</td> <td style="border: none;">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	320	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
4	277-282	Acid 500 gal 7.5% HCL	
3	283-287		

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <i>(Explain)</i> _____
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Estimated Production Per 24 Hours	Oil Bb/s.	Gas Mcf	Water Bb/s.	Gas-Oil Ratio	Gravity
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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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Lease:	N. 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:
320 2 7/8	50	5 5/8

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

Well #: B-2
Location: SW NE,NW,NW,S.S,T:20,S.R.:23,E
County: LINN
FSL-2475-2481
FEL-4785-4770
API#: 15-107-24476-00-00
Started: 9-20-11
Completed: 9-22-11

SN: 268	Packer:	TD: 325
Plugged:	Bottom Plug:	

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
1	1	TOP SOIL			
15	16	LIME			
3	19	SHALE			
5	24	BLACK SHALE			
23	47	LIME			
2	49	SHALE			
2	51	BLACK SHALE			
2	53	LIME			
3	56	SHALE			
9	65	LIME			
1	66	BLACK SHALE			
10	76	SHALE (LIMEY)			
135	211	SHALE			
1	212	BLACK SHALE			
12	224	SHALE			
9	233	LIME			
17	250	SHALE			
10	260	LIME (OIL SHOW)			
8	268	SHALE (LIMEY)			
5	273	SANDY SHALE (OIL SAND STRIKS)			
6	279	OIL SAND (SHALEY) (FAIR BLEED)			
1.5	280.5	OIL SAND (SHALEY) (FRACTORED) (FAIR BLEED)			
3	283.5	OIL SAND (GOOD BLEED) (SOME SHALE)			
1	284.5	LIME			
1.5	286	OIL SAND (GOOD BLEED) (SOME SHALE)			
1	287	OIL SAND (SHALEY) (GOOD BLEED)			
3	290	SANDY SHALE (OIL SAND STRIKS)			
17	307	SHALE			
2	309	CDAL			
6	315	SHALE			
TD	325	LIME			

SURFACE: 9-20-11
 SET TIME: 3:30PM
 CALLED: 1:30 PM- BECKY
 LONGSTRING: 320, 2 7/8 8 RD PIPE, TD: 325
 SET TIME: 1:30, 9-22-11
 CALLED: 12:30PM- JUDY



Dale Jackson Production Co.
 Box 266, Mound City, Ks 66056
 Cell # 620-363-2683
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Lease :	N. BAKER
Owner:	BOBCAT OILFIELD SERVICES INC.
OPR #:	3895
Contractor:	DALE JACKSON PRODUCTION CO.
DPR #:	4339

Core Run #1

Well #: B-2
Location: .SW NE,NW,NW,S:5,T:20,S.R.:23,E
County: LINN
FSL: 2475 2481
FEL: 4785 4770
API#: 15-107-24476-00-00
Started: 9-20-11
Completed: 9-22-11

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	272				
1	273		1.5	SANDY SHALE	273
2	274		1.5		
3	275		2		
4	276		2		
5	277		1		
6	278		3		
7	279		1.5	OIL SAND (SHALEY) (FAIR BLEED)	279
8	280		1.5	OIL SAND (SHALEY) (FRACTORED) (FAIR BLEED)	280.5
9	281		1.5		
10	282		1.5		
11	283		1		
12	284		3.5	OIL SAND (GOOD BLEED) (SOME SHALE)	283.5
				LIME	284.5
13	285		2.5		
14	286		2	OIL SAND (GOOD BLEED) (SOME SHALE)	286
15	287		2	OIL SAND (GOOD BLEED) (SHALEY)	
16					
17					
18					
19					
20					

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: 10034610
Special :	Time: 13:21:11
Instructions :	Ship Date: 09/19/11
	Invoice Date: 09/22/11
Sale rep #: MAVERY MIKE	Acct no code: Due Date: 10/05/11
Sold To: BOBCAT OILFIELD SRVC,INC C/O BOB EBERHART 30805 COLDWATER RD LOUISBURG, KS 66053	Ship To: BOBCAT OILFIELD SRVC,INC (913) 637-2823
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	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	CPQP	QUIKRETE PALLETS	17.0000 EA	17.0000	238.00
DIRECT DELIVERY, PHONE ORDER BY TERRY								
<p><i>913 - 837 - 4159</i></p> <p><i>North Baker</i></p> <p><i>B-2</i></p> <p><i>9-22-11</i></p>								

INVOICE

FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	\$3889.35
SHIP VIA LINN COUNTY				RECEIVED COMPLETE AND IN GOOD CONDITION	
X				Taxable	3889.35
				Non-taxable	0.00
				Sales tax	243.77
				TOTAL	\$4113.12

2 - Customer Copy

