



KANSAS CORPORATION COMMISSION 1067431  
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>7/29/2011</u>	<u>8/1/2011</u>	<u>12/29/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-107-24422-00-00

Spot Description: \_\_\_\_\_

NW SE SE SW Sec. 5 Twp. 20 S. R. 23  East  West  
644 Feet from  North /  South Line of Section  
3297 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 #: M-7

Field Name: LaCygne-Cadmus

Producing Formation: Peru

Elevation: Ground: 863 Kelly Bushing: 0

Total Depth: 300 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: 298

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 Gantzer Date: 01/05/2012



1067431

Operator Name: Bobcat Oilfield Services, Inc. Lease Name: South Baker Well #: M-7  
 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>231</td> <td>GL</td> </tr> </table>	Name	Top	Datum	Peru	231	GL
Name	Top	Datum					
Peru	231	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	298	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	255-261	Acid 250 gal 7.5% HCL	

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> _____			
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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Lease:	S 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:
298 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 #: M7
Location: NW, SE, SE, SW, S:5, T:20, S.R.:23, E
County: LINN
FSL: 660 644
FEL: 2300-3297
API#: 15-107-24422-00-00
Started: 7-29-11
Completed: 8-1-11

SN: NONE	Packer:	TD: 300
Plugged:	Bottom Plug:	

### Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
1	1	TOP SOIL			
7	8	LIME			
5	13	SHALE			
2	15	BLACK SHALE			
2	17	LIME			
7	24	SHALE			
5	29	LIME			
1	30	BLACK SHALE			
10	40	SHALE (LIMEY)			
140	180	SHALE			
1	181	BLACK SHALE			
7	188	SHALE			
7	195	LIME			
19	214	SHALE (SOME RED BED)(GAS)			
2	216	LIME			
5	221	SHALE			
7	228	LIME (GOOD OIL SHOW)			
2	230	SHALE (LIMEY)			
2	230.5	SANDY SHALE (OIL SAND STRK)			
2.5	233	OIL SAND (SHALEY) (SOME LIME) (SOME GAS) (FAIR BLEED)			
2.5	235.5	OIL SAND (SHALEY) (GOOD BLEED) (OIL & SOME WATER)			
6.5	242	OIL SAND (SOME SHALE) 9GOOD BLEED) (OIL & SOME WATER)			
9	251	OIL SAND (GOOD BLEED)			
0.5	251.5	OIL SAND (FRACTORED) (GOOD BLEED)			
2	253.5	OIL SAND (HEAVY BLEED)			
1.5	255	SANDY SHALE (SOME OIL SAND STRKS) (POOR BLEED)			
1.5	256.5	OIL SAND (SHALEY) (GOOD BLEED)			
0.5	257	SANDY SHALE (OIL SAND STRKS)			
3	260	OIL SAND (SOME SHALE) (GOOD BLEED)			
17	277	SHALE			
2	279	COAL			
7	286	SHALE			
10	296	LIME			
TD	300	SHALE			

SURFACE: 7-29-11  
 SET TIME: 4:00 PM  
 CALLED: 1:10PM- JUDY

LONGSTRING: 298 2 7/8, 8RD PIPE, TD- 300  
 SET TIME: 1:00PM, 8-1-11  
 CALLED: 11:40 AM- BECKY



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

Well #: M7
Location: <u>NW SE</u> , SE, SW, S:5, T:20, S.R.:23, E
County: LINN
FSL: 660 <u>644</u>
FEL: 3300 <u>3297</u>
API#: 15-107-24422-00-00
Started: 7-29-11
Completed: 8-1-11

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	233				
1	234		1		
2	235		1		
3	236		1.5	OIL SAND (SHALEY) (GOOD BLEED) (OIL & SOME WATER)	235.5
4	237		1		
5	238		1		
6	239		1		
7	240		1		
8	241		1		
9	242		1.5	OIL SAND (SOME SHALE) (GOOD BLEED) (OIL & SOME WATER)	242
10	243		1		
11	244		1		
12	245		1		
13	246		1		
14	247		1		
15	248		1		
16	249		0.5		
17	250		1		
18	251		2	OIL SAND (GOOD BLEED)	250
				OIL SAND (FRACTORED) (GOOD BLEED)	251.5
19	252		1		
20	253		1	OIL SAND (HEAVY BLEED)	

# 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 Instructions:	Time: 15:12:48
Sale rep #: SCOLEMAN STEVE	Ship Date: 07/26/11
Acct rep code:	Invoice Date: 07/28/11
	Due Date: 09/05/11
Sold To: BOBCAT OILFIELD SRVC, INC C/O BOB EBERHART 30805 COLDWATER RD LOUISBURG, KS 68053	Ship To: BOBCAT OILFIELD SRVC, INC (913) 837-2823
Customer #: 3570021	Customer PO: Order By:

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

*South Baker*  
M-7  
8-1-11

*DIRECT DELIVER*  
*PHONE ORDER BY TERRY*

913 837 4155

FILLED BY _____ CHECKED BY _____ DATE SHIPPED _____ DRIVER _____ SHIP VIA LINN COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION _____ X	Sales total \$3869.35
	Taxable 3869.35 Non-taxable 0.00 Tax # _____
	Sales tax 243.77 <b>TOTAL \$4113.12</b>

2 - Customer Copy

