



KANSAS CORPORATION COMMISSION 1067477
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 #:

8/11/2011 8/12/2011 12/29/2011

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-107-24434-00-00

Spot Description:

SW SE SE SW Sec. 5 Twp. 20 S. R. 23 ☒ East ☐ West
55 Feet from ☐ North / ☒ South Line of Section
3300 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 #: Q-7

Field Name: LaCygne-Cadmus

Producing Formation: Peru

Elevation: Ground: 879 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: 308

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 Gertner Date: 01/05/2012



1067477

Operator Name: Bobcat Oilfield Services, Inc. Lease Name: South Baker Well #: Q-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	<div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample </div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Name</td> <td style="width: 33%;">Top</td> <td style="width: 33%;">Datum</td> </tr> <tr> <td>Peru</td> <td>259</td> <td>GL</td> </tr> </table>	Name	Top	Datum	Peru	259	GL
Name	Top	Datum					
Peru	259	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	308	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
4	282-288	Acid 250 gal 7.5% HCL	

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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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 #: Q-7 ^{SW} 56 - SW
Location: S2 , S2, SE, S:5, T:20, S.R.:23, E
County: LINN
FSL: 75 SS
FEL: 3300
API#: 15-107-24434-00-00
Started: 8-11-11
Completed: 8-12-11

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	259				
1	260		1		
2	261		1		
3	262		1		
4	263		1.5		
5	264		1.5		
6	265		1		
7	266		1		
8	267		1		
9	268		1		
10	269		1		
11	270		2		
12	271		1		
13	272		1		
14	273		1		
15	274		1	OIL SAND (SOME SHALE) (GOOD BLEED)	274
16	275		1.5	OIL SAND (FRACTURED) (GOOD BLEED)	275
17	276		2	OIL SAND (SHALEY) (GOOD BLEED)	276.5
18	277		1.5		
19	278		1.5	OIL SAND (GOOD BLEED) (SOME SHALE)	
20	279		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: **10033533**

Special :
Instructions :

Time: 09:11:41
Ship Date: 08/11/11
Invoice Date: 08/15/11
Due Date: 08/05/11

Sale rep #: MAVERY MIKE

Acct rep code:

Sold To: BOBCAT OILFIELD SRVC, INC
C/O BOB EBERHART
30805 COLDWATER RD
LOUISBURG, KS 66053

Ship To: BOBCAT OILFIELD SRVC, INC
(913) 837-2823
(913) 837-2823

Customer #: 3570021

Customer PO:

Order By: TERRY

STM
T 27

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
<p style="text-align: center;">South Baker Q-7</p> <p style="text-align: center;">PHONE ORDER BY TERRY</p> <p style="text-align: center;">DIRECT DELIVERY FRIDAY 8-12-11</p> <p style="text-align: center;">9-13-857-1151</p> <p style="text-align: center;">TAXED 8-15-11</p> <p style="text-align: center;">INVOICE</p>								
<p>FILLED BY _____ CHECKED BY _____ DATE SHIPPED _____ DRIVER _____</p> <p>SHIP VIA LINN COUNTY</p> <p>RECEIVED COMPLETE AND IN GOOD CONDITION _____</p> <p>X</p>						<p>Sales total \$3783.20</p> <p>Taxable 3783.20</p> <p>Non-taxable 0.00</p> <p>Sales tax 238.34</p> <p>TOTAL \$4021.54</p>		

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