

KANSAS CORPORATION COMMISSION 1062823
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

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 #: _____

7/11/2011	7/12/2011	12/29/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-107-24406-00-00

Spot Description: _____
NE SE NE SW Sec. 5 Twp. 20 S. R. 23 ☒ East ☐ West
1653 Feet from ☐ North / ☒ South Line of Section
2946 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 #: G-8
Field Name: LaCygne-Cadmus

Producing Formation: Peru
Elevation: Ground: 910 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: 316
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 Garbar Date: 01/04/2012



1062823

Operator Name: Bobcat Oilfield Services, Inc. Lease Name: North Baker Well #: G-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	<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>254</td> <td>GL</td> </tr> </table>	Name	Top	Datum	Peru	254	GL
Name	Top	Datum					
Peru	254	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	316	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 (Amount and Kind of Material Used)	Depth
3	282-286	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 :	NORTH BAKER
Owner:	BOBCAT OILFIELD SERVICES INC.
OPR #:	3895
Contractor:	DALE JACKSON PRODUCTION CO.
OPR #:	4339

Core Run #1

Well #: G-8 <i>NE</i>
Location: SE-NE-SW, S:5, T:20, S.R.:23,E
County: LINN
FSL: 4650 <i>11653</i>
FEL: -2970 <i>2946</i>
API#: 15-107-24406
Started: 7-11-11
Completed: 7-12-11

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	253				
1	254		0.5		
2	255		1.5		
3	256		1.5	OIL SAND (SHALEY) (FAIR BLEED)	255.5
4	257		2		
5	258		1		
6	259		1.5		
7	260		1.5	OIL SAND (SOME SHALE) (LIMEY) (GOOD BLEED)	259
8	261		1.5		
9	262		1.5		
10	263		1.5		
11	264		1.5		
12	265		1.5		
13	266		1.5		
14	267		2		
15	268		2		
16	269		1.5		
17	270		2.5		
18	271		2	LIGHT SHALE (SOME OIL SAND STRKS) (FAIR BLEED) (DISSOLVED WHEN CORED) (VERY SOFT) (DETERMINED BY DRILL SAMPLES)	
19	272		2		
20	273		2.5		



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OPR #:	3895
Contractor:	DALE JACKSON PRODUCTION CO.
OPR #:	4339

Core Run #2

Well #: G-8
Location: __SE-NE-SW, S:5, T:20, S.R.:23,E
County: LINN
FSL: 1650
FEL: 2970
API#: 15-107-24406
Started: 7-11-11
Completed: 7-12-11

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	274				
1	275		0.5		
2	276		1		
3	277		0.5	OIL SAND (GOOD BLEED) (SOME SHALE)	277
4	278		1.5		
5	279		1.5	SANDY SHALE (SOME OIL SAND STRKS) (POOR BLEED)	279.5
6	280		1		
7	281		1.5		
8	282		1	OIL SAND (SHALEY) (GOOD BLEED)	282
9	283		1		
10	284		1		
11	285		1.5		
				OIL SAND (SOME SHALE) (GOOD BLEED)	286
12	286		1.5		
13	287		1.5		
14	288		2	SHALE	
15	289		1.5		
16	290		2		
17	291		2.5		
18	292		1.5		
19	293		2		
20	294		1		

Avery Lumber
P.O. BOX 88
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: 10032661	
Special :		Time: 17:30:16	
Instructions :		Ship Date: 07/11/11	
		Invoice Date: 07/15/11	
Sale rep #: MAVERY MIKE	Acct rep code:	Due Date: 08/05/11	
Sold To: BOBCAT OILFIELD SRVC, INC C/O BOB EBERHART 30805 COLDWATER RD LOUISBURG, KS 66053		Ship To: BOBCAT OILFIELD SRVC, INC (913) 837-2823 (913) 837-2823	
Customer #: 3570021		Customer PO: Order By: TERRY	

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt 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	
DIRECT DELIVERY, PHONE ORDER BY TERRY									
913.837.4159									
N. Baker G-8 7-12-11									
INVOICE									
FILLED BY						CHECKED BY		DATE SHIPPED	DRIVER
SHIP VIA						LINN COUNTY			
RECEIVED COMPLETE AND IN GOOD CONDITION									
X						Taxable		3783.20	
						Non-taxable		0.00	
						Tax #			
						Sales total		\$3783.20	
						Sales tax		238.34	

2 - Customer Copy

