



KANSAS CORPORATION COMMISSION 1065994
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 SLOW
 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>9/27/2011</u>	<u>9/28/2011</u>	<u>1/3/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-107-24553-00-00
Spot Description: _____
NE NW NE SW Sec. 5 Twp. 20 S. R. 23 East West
2330 Feet from North / South Line of Section
3604 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 #: C-6
Field Name: LaCygne-Cadmus
Producing Formation: Peru
Elevation: Ground: 860 Kelly Bushing: 0
Total Depth: 318 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: 315
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	
<input type="checkbox"/> Letter of Confidentiality Received	Date: _____
<input type="checkbox"/> Confidential Release Date: _____	
<input checked="" type="checkbox"/> Wireline Log Received	
<input type="checkbox"/> Geologist Report Received	
<input checked="" type="checkbox"/> UIC Distribution	
ALT <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>Deanne Gerriss</u> Date: <u>01/09/2012</u>



1065994

Operator Name: Bobcat Oilfield Services, Inc. Lease Name: North Baker Well #: C-6
 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-collapse: collapse;"> <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>265</td> <td>GL</td> </tr> </table>	Name	Top	Datum	Peru	265	GL
Name	Top	Datum					
Peru	265	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	315	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	263-270	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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	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 #: C-6
Location: SW NE,NW,NE,S:5,T:20,S.R.:23,E
County: LINN
FSL: 2310 2330
FEL: 3630 3604
API#: 15-107-24553-00-00
Started: 9-27-11
Completed: 9-28-11

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	252				
1	253		3		
2	254		3	SANDY SHALE (SOME OIL SAND STRIKS) (POOR BLEED)	254
3	255		3		
4	256		3		
5	257		3		
6	258		3		
7	259		3		
8	260		3		
9	261		3		
10	262		4	SANDY SHALE (SOME OIL SAND STRIKS) (FAIR BLEED)	262
11	263		3.5		
12	264		3	SANDY SHALE	264
13	265		1.5		
14	266		2		
15	267		1.5		
16	268		2.5		
17	269		3	OIL SAND (SHALEY) (GOOD BLEED)	269.5
18	270		5		
19	271		4	OIL SAND (WATER AND SOME OIL) (LIMEY)	
20	272		2		

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
 Due Date: 10/05/11

Sale rep #: MAVERY MIKE Acct rep code:

Sold To: BOBCAT OILFIELD SRVC,INC Ship To: BOBCAT OILFIELD SRVC,INC
 C/O BOB EBERHART (913) 837-2823
 30805 COLDWATER RD
 LOUISBURG, KS 66053 (913) 837-2823

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>913-837-4159</p> <p>North Baker C-6 9-28-11</p>								
INVOICE								
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 Sales tax 243.77 Tax # _____		

TOTAL \$4113.12

2 - Customer Copy

