



KANSAS CORPORATION COMMISSION 1065991
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>9/22/2011</u>	<u>9/23/2011</u>	<u>1/3/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-107-24544-00-00
Spot Description: _____
NW NW NE SW Sec. 5 Twp. 20 S. R. 23 East West
2589 Feet from North / South Line of Section
3925 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 #: A-5
Field Name: LaCygne-Cadmus
Producing Formation: Peru
Elevation: Ground: 910 Kelly Bushing: 0
Total Depth: 335 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: 330
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 Garcia Date: 01/09/2012



1065991

Operator Name: Bobcat Oilfield Services, Inc. Lease Name: North Baker Well #: A-5
 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	330	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	283-293	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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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:
330 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 #: A-5	NW-1/4-NE-SW
Location:	N2,N3,N2,S:5,T:20,S.R.:23,E
County:	LINN
FSL:	2620 2589
FEL:	3960 3925
API#:	15-107-24544-00-00
Started:	9-22-11
Completed:	9-23-11

SN:	Packer:	TD: 335
Plugged:	Bottom Plug:	

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
1	1	TOP SOIL			
14	15	LIME			
8	23	SHALE			
2	25	BLACK SHALE			
20	45	LIME			
2	47	SHALE			
2	49	BLACK SHALE			
2	51	LIME			
5	56	SHALE			
6	62	LIME			
1	63	BLACK SHALE			
10	73	SHALE (LIMEY)			
137	210	SHALE			
1	211	BLACK SHALE			
11	222	SHALE			
7	229	LIME			
19	248	SHALE			
10	258	LIME (OIL SHOW)			
4	262	SHALE (LIMEY)			
2	264	SANDY SHALE (OIL SAND STRKS)			
3	267	OIL SAND (SOME SHALE) (POOR BLEED) (GAS)			
3	270	OIL SAND (LIMEY) (FAIR BLEED)			
2	272	LIME			
3	275	OIL SAND (SHALEY) (GOOD BLEED)			
2	277	SANDY SHALE (SOME OIL SAND STRKS) (POOR BLEED)			
1	278	OIL SAND (SHALEY) (GOOD BLEED)			
3	281	SANDY SHALE (SOME OIL SAND STRKS) (POOR BLEED)			
1.5	282.5	OIL SAND (SOME SHALE) (GOOD BLEED)			
1	283.5	SANDY SHALE (SOME OIL SAND STRKS) (POOR BLEED)			
1	284.5	OIL SAND (SHALEY) (GOOD BLEED)			
1.5	286	OIL SAND (SOME SHALE) (GOOD BLEED)			
3.5	289.5	OIL SAND (SHALEY) (GOOD BLEED)			
3.5	293	OIL SAND (SOME SHALE) (GOOD BLEED)			
9	302	SANDY SHALE (OIL SHOW)			
3	305	SHALE (OIL SAND STRKS)			
5	310	SHALE			
2	312	COAL			
3	315	SHALE			
10	325	LIME			
TD	335	SHALE			

SURFACE: 9-22-11
 SET TIME: 2:30PM
 CALLED: 12:30- JUDY
 LONGSTRING: 330, 2 7/8 BRD PIPE, TD: 335
 SET TIME: 2:00PM, 9-23-11
 CALLED 12:45- JUDY



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

Well #: A-5 <i>RW: NW NE SW</i>
Location: N2,N2,N2,S:5,T:20,S.R.:23,E
County: LINN
FSL: 2620 <i>2589</i>
FEL: 3960 <i>3925</i>
API#: 15-107-24544-00-00
Started: 9-22-11
Completed: 9-23-11

Lease :	N. 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	272				
1	273		25		
2	274		1.5		
3	275		2.5	OIL SAND (SHALEY) (GOOD BLEED)	275
4	276		2		
5	277		2.5	SANDY SHALE (SOME OIL SAND STRKS) (POOR BLEED)	277
6	278		2	OIL SAND (SHALEY) (GOOD BLEED)	278
7	279		3		
8	280		4		
9	281		4	OIL SAND (SOME SHALE) (GOOD BLEED)	281
10	282		2		
				SANDY SHALE (SOME OIL SAND STRKS)	282.5
11	283		1.5	OIL SAND (SHALEY) (GOOD BLEED)	283.5
12	284		2.5	OIL SAND (SHALEY) (GOOD BLEED)	284.5
13	285		2.5		
14	286		1.5	OIL SAND (SOME SHALE) (GOOD BLEED)	286
15	287		1		
16	288		1		
17	289		1.5	OIL SAND (SHALEY) (GOOD BLEED)	289.5
18	290		1.5		
19	291		2		
20	292		1.5	OIL SAND (SOME SHALE) (GOOD BLEED)	

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 rep code:	
		Due Date:	10/05/11
Sold To: BOBCAT OILFIELD SRVC, INC C/O BOB EBERHART 30806 COLDWATER RD LOUISBURG, KS 66053		Ship To: BOBCAT OILFIELD SRVC, INC (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	2811.35																															
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 style="font-size: 2em; margin: 0;">INVOICE</p> <p style="font-size: 1.5em; margin: 0;"><i>913-837-4159</i></p> <p style="font-size: 1.2em; margin: 0;"><i>North Baker</i></p> <p style="font-size: 1.2em; margin: 0;"><i>A-5</i></p> <p style="font-size: 1.2em; margin: 0;"><i>9-23-11</i></p>																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>FILLED BY</td> <td>CHECKED BY</td> <td>DATE SHIPPED</td> <td>DRIVER</td> </tr> <tr> <td colspan="4">SHIP VIA LINN COUNTY</td> </tr> <tr> <td colspan="4" style="text-align: center;">RECEIVED COMPLETE AND IN GOOD CONDITION</td> </tr> <tr> <td colspan="4" style="text-align: center;">X</td> </tr> </table>						FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER	SHIP VIA LINN COUNTY				RECEIVED COMPLETE AND IN GOOD CONDITION				X				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Sales total</td> <td colspan="2" style="text-align: right;">\$3869.35</td> </tr> <tr> <td>Taxable</td> <td colspan="2" style="text-align: right;">3869.35</td> </tr> <tr> <td>Non-taxable</td> <td colspan="2" style="text-align: right;">0.00</td> </tr> <tr> <td>Sales tax</td> <td colspan="2" style="text-align: right;">243.77</td> </tr> <tr> <td>Tax #</td> <td colspan="2"></td> </tr> </table>			Sales total	\$3869.35		Taxable	3869.35		Non-taxable	0.00		Sales tax	243.77		Tax #		
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Sales tax	243.77																																						
Tax #																																							
TOTAL								\$4113.12																															

2 - Customer Copy

