



KANSAS CORPORATION COMMISSION 1067476
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 #: _____
8/15/2011 8/16/2011 1/3/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-107-24433-00-00
Spot Description: _____
SE SW SE SW Sec. 5 Twp. 20 S. R. 23 East West
84 Feet from North / South Line of Section
3630 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-6
Field Name: LaCygne-Cadmus
Producing Formation: Peru
Elevation: Ground: 893 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: Deanna Corrao Date: 01/09/2012



1067476

Operator Name: Bobcat Oilfield Services, Inc. Lease Name: South Baker Well #: Q-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>242</td> <td>GL</td> </tr> </table> | Name | Top | Datum | Peru | 242 | GL |
| Name | Top | Datum | | | | | |
| Peru | 242 | 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 | 265-271 | 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: _____ _____ |
|--|---|---|



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-656 .SW |
| Location: S2,SW,SE, S:5, T:23, S.R.:23, E |
| County: LINN |
| FSL: 75 84 |
| FEL: 3630 |
| API#: 15-107-24433-00-00 |
| Started: 8-15-11 |
| Completed: 8-16-11 |

| FT | Depth | Clock | Time | Formation/Remarks | Depth |
|----|-------|-------|------|------------------------------------|-------|
| 0 | 244 | | | | |
| 1 | 245 | | | | |
| 2 | 246 | | | OIL SAND SHALE (FAIR BLEED) | 246 |
| 3 | 247 | | | | |
| 4 | 248 | | | | |
| 5 | 249 | | | | |
| 6 | 250 | | | | |
| 7 | 251 | | | | |
| 8 | 252 | | | | |
| 9 | 253 | | | | |
| 10 | 254 | | | | |
| 11 | 255 | | | | |
| 12 | 256 | | | | |
| 13 | 257 | | | | |
| 14 | 258 | | | OIL SAND (SOME SHALE) (GOOD BLEED) | 258 |
| 15 | 259 | | | OIL SAND (SHALEY) (GOOD BLEED) | 259.5 |
| 16 | 260 | | | | |
| 17 | 261 | | | | |
| 18 | | | | OIL SAND (SOME SHALE) (GOOD BLEED) | |
| 19 | | | | | |
| 20 | | | | | |

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 : | | Time: | 09:11:41 |
| Instructions : | | Ship Date: | 08/11/11 |
| | | Invoice Date: | 08/15/11 |
| Sale rep #: MAVERY MIKE | Acct rep code: | Due Date: | 08/05/11 |
| 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 (913) 837-2823 | |
| Customer #: 3570021 | Customer PG: | Order By: TERRY | |

| ORDER | SHIP | L | U/M | ITEM# | DESCRIPTION | Alt Price/Uom | PRICE | EXTENSION |
|--------|--------|---|-----|-------|----------------------|---------------|---------|-----------|
| 280.00 | 280.00 | L | BAG | CPPC | PORTLAND CEMENT | 6.2900 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 |

*South Baker
B/c
8-16-11*

PHONE ORDER BY TERRY

DIRECT DELIVERY FRIDAY 8-12-11

INVOICE
 7/15/11 8:15 AM
 FAXED 8/15/11

| | | | | | |
|---|------------|--------------|--------|--------------|------------------|
| FILLED BY | CHECKED BY | DATE SHIPPED | DRIVER | Sales total | \$3783.20 |
| SHIP VIA LINN COUNTY | | | | Taxable | 3783.20 |
| RECEIVED COMPLETE AND IN GOOD CONDITION | | | | Non-taxable | 0.00 |
| X | | | | Tax # | |
| | | | | Sales tax | 238.34 |
| | | | | TOTAL | \$4021.54 |

2 - Customer Copy

