



KANSAS CORPORATION COMMISSION 1065985
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 #: _____

| 9/19/2011 | 9/20/2011 | 1/3/2012 |
|-----------------------------------|-----------------|-----------------------------------------|
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 15-107-24552-00-00
Spot Description: _____
NW NE NW SW Sec. 5 Twp. 20 S. R. 23 East West
2603 Feet from North / South Line of Section
4618 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-3
Field Name: LaCygne-Cadmus
Producing Formation: Peru
Elevation: Ground: 912 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: 329
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>Deanna Garcia</u> Date: <u>01/09/2012</u> |



1065985

Operator Name: Bobcat Oilfield Services, Inc. Lease Name: North Baker Well #: A-3
 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>275</td> <td>GL</td> </tr> </table> | Name | Top | Datum | Peru | 275 | GL |
| Name | Top | Datum | | | | | |
| Peru | 275 | 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 | 329 | Portland/Fly Ast | 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 |
|----------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------|
| 4 | 290-300 | Acid 500 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

| |
|---------------------------------------------------------------------|
| Well #: A-3 |
| Location: NW 1/4 SW N2, N2, NW, S:5, T:20, S.R.:23, E |
| County: LINN |
| FSL: 2620 2603 |
| FEL: 4620 4618 |
| API#: 15-107-24552-00-00 |
| Started: 9-19-11 |
| Completed: 9-20-11 |

| | |
|-------------|-------------------------------|
| 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 | | 2 | | |
| 2 | 274 | | 1 | SAND SHALE (SOME OIL SAND STRKS) (POOR BLEED) | 274.5 |
| 3 | 275 | | 1.5 | | |
| 4 | 276 | | 1.5 | | |
| 5 | 277 | | 2 | | |
| 6 | 278 | | 1.5 | | |
| 7 | 279 | | 2 | OIL SAND (SHALEY) (FAIR BLEED) | 279 |
| 8 | 280 | | 1 | | |
| 9 | 281 | | 1 | | |
| 10 | 282 | | 2.5 | OIL SAND (GOOD BLEED) (SOME SHALE) | 282.5 |
| 11 | 283 | | 1.5 | OIL SAND (FRACTORED) (SOME SHALE) (GOOD BLEED) | 283.5 |
| 12 | 284 | | 1 | | |
| 13 | 285 | | 1.5 | | |
| 14 | 286 | | 1.5 | | |
| 15 | 287 | | 1 | | |
| 16 | 288 | | 1.5 | OIL SAND (GOOD BLEED) (SOME SHALE) | 288 |
| 17 | 289 | | 2.5 | | |
| 18 | 290 | | 2 | | |
| 19 | 291 | | 3.5 | SANDY SHALE (OIL SAND STRKS) (FAIR BLEED) | |
| 20 | 292 | | 2 | | |

Avery Lumber
 P.O. BOX 65
 MOUND CITY, KS 66058
 (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 Ship To: BOBCAT OILFIELD SRVC, INC
 C/O BOB EBERHART (913) 637-2823
 30805 COLDWATER RD
 LOUISBURG, KS 66053 (913) 637-2823

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><i>913-837-4159</i></p> <p><i>North Baker</i></p> <p><i>A-3</i></p> <p><i>9-20-11</i></p> | | | | | | | | |

INVOICE

| | | | | | |
|-----------------------------------------|------------|--------------|--------|-------------|------------------|
| FILLED BY | CHECKED BY | DATE SHIPPED | DRIVER | Sales total | \$3869.35 |
| SHIP VIA LINN COUNTY | | | | Taxable | 3869.35 |
| RECEIVED COMPLETE AND IN GOOD CONDITION | | | | Non-taxable | 0.00 |
| X | | | | Sales tax | 243.77 |
| TOTAL | | | | | \$4113.12 |

2 - Customer Copy

