



KANSAS CORPORATION COMMISSION 1065974
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 #: _____
9/8/2011 9/9/2011 1/3/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-107-24483-00-00
Spot Description: _____
SW NW NE SW Sec. 5 Twp. 20 S. R. 23 East West
2297 Feet from North / South Line of Section
3952 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-5
Field Name: LaCygne-Cadmus
Producing Formation: Peru
Elevation: Ground: 893 Kelly Bushing: 0
Total Depth: 340 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: 338
feet depth to: 0 w/ 50 sx cm.

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: Deanne Garrison Date: 01/09/2012



1065974

Operator Name: Bobcat Oilfield Services, Inc. Lease Name: North Baker Well #: C-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>279</td> <td>GL</td> </tr> </table>	Name	Top	Datum	Peru	279	GL
Name	Top	Datum					
Peru	279	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	338	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	293-303	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 (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:	NORTH 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:
338 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 #: C-5
Location: SW 1/4, NW 1/4, SW, S-5, T-20, S.R.: 23, E
County: LINN
FSL: 2910 2297
FEL: 3960 3952
API#: 15-107-24483-00-00
Started: 9-8-11
Completed: 9-9-11

SN:	Packer:	TD: 340
Plugged:	Bottom Plug:	

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
1	1	TOP SOIL	10	335	SHALE
14	15	LIME	4	339	LIME
5	20	SHALE	TD	340	BLACK SHALE
3	23	BLACK SHALE			
4	27	SHALE			
18	45	LIME			
4	49	SHALE			
1	50	BLACK SHALE			
3	53	LIME			
5	58	SHALE			
4	62	LIME			
1	63	BLACK SHALE			
7	70	SHALE (LIMEY)			
139	209	SHALE			
1	210	BLACK SHALE			
13	223	SHALE			
6	229	LIME			
20	249	SHALE (LIMEY)			
11	260	LIME			
4	264	SHALE			
8	272	SANDY SHALE (OIL SAND STRKS) (FAIR BLEED)			
7	279	SANDY SHALE (SOME SAND STRKS) (POOR BLEED)			
0.5	279.5	OIL SAND (SHALEY) (FAIR BLEED)			
0.5	280	OIL SAND (FRACTORED) (FAIR BLEED)			
1.5	281.5	OIL SAND (SOME SHALE) (FAIR BLEED)			
0.5	282	OIL SAND (FRACTORED) (GOOD BLEED) (LOT OF GAS)			
1	283	OIL SAND (GOOD BLEED)			
1	284	OIL SAND (FRACTORED) (GOOD BLEED) (LOT OF GAS)			
0.5	284.5	OIL SAND (GOOD BLEED)			
1	285.5	OIL SAND (SHALEY) (GOOD BLEED)			
0.5	286	SHALE			
8	294	OIL SAND (SHALEY) (GOOD BLEED)			
3	297	OIL SAND (SOME SHALE) (GOOD BLEED)			
3	300	SANDY SHALE (OIL SAND STRKS) (FAIR BLEED)			
3	303	OIL SAND (SOME SHALE) (GOOD BLEED)			
3	306	OIL SAND (HEAVY BLEED)			
2	308	BLACK SAND AND COAL			
1	309	SHALE			
1.5	310.5	COAL			
3.5	314	SHALE			
11	325	LIME			

SURFACE: 9-7-11
 SET TIME: 3:30PM
 CALLED: 12:30PM- RUSSEL

LONGSTRING: 338 2 7/8, BRD PIPE, TD-340
 SET TIME: 4:30PM, 9-8-11
 CALLED: 3:15PM- JUDY



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

Well #: C-5 <i>NW NE</i>
Location: <i>SW, N2, N2, SW, S:5, T:20,</i> S.R.:23, E
County: LINN
FSL: 2310 <i>2297</i>
FEL: 2960 <i>3952</i>
API#: 15-107-24483-00-00
Started: 9-8-11
Completed: 9-9-11

N

Lease :	<i>J. BAKER</i>
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		3		
3	275		2		
4	276		3.5		
5	277		2.5		
6	278		2.5		
7	279		2.5	SANDY SHALE (SOME OIL SAND STRKS) (POOR BLEED)	279
				OIL SAND (SHALEY) (FAIR BLEED)	279.5
8	280		2	OIL SAND (FRACTORED) (FAIR BLEED)	280
9	281		2	OIL SAND (SOMESHALE) (FAIR BLEED)	281.5
10	282		2	OIL SAND (FRACTORED) (LIME) (FAIR BLEED)	282
11	283		2.5	OIL SAND (GOOD BLEED)	283
12	284		2		
13	285			(GAS) LOCKED UP, OIL SAND (FRACTORED) (GOOD BLEED) (LOTS OF GAS)	
14					
15					
16					
17					
18					
19					
20					



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

Well #: C-5
Location: N2,N2,SW, S:5, T:20, S.R.:23, E
County: LINN
FSL: 2310
FEL: 3960
API#: 15-107-24483-00-00
Started: 9-8-11
Completed: 9-9-11

Lease : ^N J. BAKER
Owner: BOBCAT OILFIELD SERVICES INC.
OPR #: 3895
Contractor: DALE JACKSON PRODUCTION CO.
OPR #: 4339

Core Run #2

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	284				
				OIL SAND (GOOD BLEED)	284.5
1	285		2		
				OIL SAND (SHALEY) (GOOD BLEED)	285.5
2	286		3.5	SHALE	286
3	287		2		
				OIL SAND (SHALEY) (GOOD BLEED)	
4	288		1.5		
5	289		2		
6	290		1.5		
7	291		2		
8	292		2		
9	293		2		
10	294		1.5		
11	295		1.5		
12	296		2		
13	297		2		
14	298		3		
15	299		3.5		
16	300		2		
17					
18					
19					
20					

Avery Lumber
 P.O. BOX 66
 MOUND CITY, KS 66056
 (913) 795-2210 FAX (913) 795-2194

Merchant Copy
INVOICE
 THIS COPY MUST REMAIN AT
 MERCHANT AT ALL TIMES!

Page: 1	Invoice: 10034199
Special :	Time: 16:48:03
Instructions :	Ship Date: 09/08/11
:	Invoice Date: 09/08/11
Sale rep #: MAVERY MIKE	Accr rep code: Due Date: 10/05/11
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:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
245.00	245.00	L	BAG	CPPG	PORTLAND CEMENT	8.2800 BAG	8.2800	2031.05
280.00	280.00	L	BAG	CPPM	POST SET FLY ASH 75#	5.1000 BAG	5.1000	1428.00
14.00	14.00	L	EA	CPOP	QUIKRETE PALLETS	17.0000 EA	17.0000	238.00

*North Baker
C-5
9-9-11*

*DIRECT DELIVERY
PHONE ORDER BY TERRY*

INVOICE 9/13/11 8:57 9/8/11

FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	\$3897.05
SHIP VIA LINN COUNTY				RECEIVED COMPLETE AND IN GOOD CONDITION	
X				Taxable	3597.05
				Non-taxable	0.00
				Sales tax	232.91
				TOTAL	\$3929.96

1 - Merchant Copy

