

KANSAS CORPORATION COMMISSION 1074794  
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 #:

8/30/2011 8/31/2011 8/31/2011  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No. 15 - 15-107-24519-00-00

Spot Description:  
SE NE SW SW Sec. 5 Twp. 20 S. R. 23 ☒ East ☐ West  
956 Feet from ☐ North / ☒ South Line of Section  
3996 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 #: K-5

Field Name: LaCygne-Cadmus

Producing Formation: Peru

Elevation: Ground: 919 Kelly Bushing: 0

Total Depth: 293 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:

feet depth to: w/ 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 Gantsoi Date: 02/23/2012



1074794

Operator Name: Bobcat Oilfield Services, Inc. Lease Name: South Baker Well #: K-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 Wireline Logs surveyed. Attach final geological well site report.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drill Stem Tests Taken <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span><br><i>(Attach Additional Sheets)</i><br><br>Samples Sent to Geological Survey <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span><br>Cores Taken <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span><br>Electric Log Run <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span><br>Electric Log Submitted Electronically <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span><br><i>(If no, Submit Copy)</i><br><br>List All E. Logs Run: | <input type="checkbox"/> Log Formation (Top), Depth and Datum <span style="float: right;"><input type="checkbox"/> Sample</span><br><br>Name _____ Top _____ Datum _____<br>N/A |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| CASING RECORD <span style="float: right;"><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</span> |                   |                           |                   |               |                |              |                            |
|------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------|-------------------|---------------|----------------|--------------|----------------------------|
| 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            |                            |
|                                                                                                                        |                   |                           |                   |               |                |              |                            |
|                                                                                                                        |                   |                           |                   |               |                |              |                            |

| 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<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br>(Amount and Kind of Material Used) | Depth |
|----------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------|
|                |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |

|                                                 |           |         |                                                                                                                                                                         |               |                                                                     |
|-------------------------------------------------|-----------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------|
| 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:<br><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:<br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | METHOD OF COMPLETION:<br><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><i>(Submit ACO-5)</i><br><input checked="" type="checkbox"/> Other (Specify) <u>Dry Hole</u> | PRODUCTION INTERVAL:<br>_____<br>_____ |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|





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 #:    | K-5-E-NE-SW                        |
| Location:  | N2-S2-SW, S:5, T:20,<br>S.R.:23, E |
| County:    | LINN                               |
| FSL:       | 990 956                            |
| FEL:       | 3960 3996                          |
| API#:      | 15-107-24519-00-00                 |
| Started:   | 8-30-11                            |
| Completed: | 8-31-11                            |

| FT | Depth | Clock | Time | Formation/Remarks                              | Depth |
|----|-------|-------|------|------------------------------------------------|-------|
| 0  | 272   |       |      |                                                |       |
| 1  | 273   |       | 2    |                                                |       |
| 2  | 274   |       | 2    |                                                |       |
| 3  | 275   |       | 2    |                                                |       |
| 4  | 276   |       | 2    |                                                |       |
| 5  | 277   |       | 2.5  |                                                |       |
| 6  | 278   |       | 2.5  |                                                |       |
| 7  | 279   |       | 2.5  |                                                |       |
| 8  | 280   |       | 3    |                                                |       |
| 9  | 281   |       | 3    |                                                |       |
| 10 | 282   |       | 3    |                                                |       |
| 11 | 283   |       | 3    |                                                |       |
| 12 | 284   |       | 3    |                                                |       |
| 13 | 285   |       | 2.5  |                                                |       |
| 14 | 286   |       | 3.5  |                                                |       |
| 15 | 287   |       | 3.5  |                                                |       |
| 16 | 288   |       | 4    | SANDY SHALE (SOME OIL SAND STRKS) (POOR BLEED) | 288   |
| 17 | 289   |       | 4.5  |                                                |       |
| 18 | 290   |       | 4.5  |                                                |       |
| 19 | 291   |       | 4.5  | SHALE                                          |       |
| 20 | 292   |       | 5    |                                                |       |
|    |       |       |      |                                                |       |
|    |       |       |      |                                                |       |

**Avery Lumber**

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

**SPECIAL ORDER  
TICKET**

Page: 1

Shipping Ticket: **10033814**

Special :

Time: 09:31:14

Instructions :

Ship Date: 08/23/11

Sales rep #: MAVERY MIKE

Acct rep code:

Invoice Date: 08/23/11

Due Date: 09/05/11

Sold To: BOBCAT OILFIELD SRVC, INC

Ship To: BOBCAT OILFIELD SRVC, INC

C/O BOB EBERHART  
30806 COLDWATER RD  
LOUISBURG, KS 66053

(913) 637-2823

(913) 637-2823

Customer #: 3570021

Customer PO:

Order By: TERRY

STN  
T 27

| ORDER  | SHIP   | L | U/M | ITEM# | DESCRIPTION          | Alt Price/Uom | PRICE   | EXTENSION |
|--------|--------|---|-----|-------|----------------------|---------------|---------|-----------|
| 280.00 | 280.00 | L | BAG | CPPC  | PORTLAND CEMENT      | 8.2800 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  
K-5  
8-31-11

PHONE ORDER BY TERRY  
DIRECT DELIVERY

913-837-4159

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

2 - Customer Copy