



KANSAS CORPORATION COMMISSION 1083333
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: Coffeyville Resources Refining & Marketing

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>5/17/2012</u>	<u>5/22/2012</u>	<u>6/28/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-121-29085-00-00

Spot Description: _____
SE NE NE NW Sec. 24 Twp. 16 S. R. 21 East West
4892 Feet from North / South Line of Section
2954 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Miami

Lease Name: Schendel Well #: 4-12

Field Name: Paola-Rantoul

Producing Formation: Squirrel

Elevation: Ground: 1032 Kelly Bushing: 0

Total Depth: 720 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: 0
feet depth to: 711 w/ 95 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: Doanna Gerrico Date: 07/03/2012



1083333

Operator Name: Bobcat Oilfield Services, Inc. Lease Name: Schendel Well #: 4-12
 Sec. 24 Twp. 16 S. R. 21 East West County: Miami

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Squirrel	678	GL
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				
Gamma Ray/Neutron/CCL				

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	None
Production casing	5.625	2.875	6	711	Portland/Fly Ash	90	60/40 Poz Mix

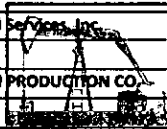
ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
— Perforate				
— Protect Casing	-			
— Plug Back TD				
— Plug Off Zone	-			

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	683-688	Acid 250 gal 7.5% HCL	711

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 <i>(Explain)</i> _____				
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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Lease:	Schendel	
Owner:	Bobcat Oilfield Services, Inc.	
OPR #:	3895	
Contractor:	DALE JACKSON PRODUCTION CO.	
OPR #:	4339	
Surface:	Cemented:	Hole Size:
20'6"	5	8 3/4
Longstring	Cemented:	Hole Size:
711' 2 7/8	90	5 5/8
8 rmd		



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

Well #: 4-12 _E
Location: SW-NE-NE-NW S24 T16 R21E
County: Miami
FSL: 4906 4892
FEL: 2978 2954
API#: 15-121-29085-00-00
Started: 5-17-12
Completed: 5-22-12

SN: NONE	Packer:	TD: 720'
Plugged:	Bottom Plug:	

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
2	2	Top Soil	2	504	Sandy Shale
6	8	Clay	31	535	Shale
14	22	Lime	18	553	Shale (Limey)
4	26	Shale	1	554	Lime
17	43	Lime	7	561	Shale
7	50	Sandy Shale	10	571	Lime
17	67	Lime	15	586	Shale
5	72	Shale	1	587	Coal
4	76	Red Bed	10	597	Shale
18	94	Sandy Shale	8	605	Lime
18	112	Lime	1	606	Oil Sand (Poor Bleed)
90	202	Sandy Shale	4	627	Lime (Odor)
17	219	Lime	7	634	Coal
1	220	Shale	8	642	Shale (Limey)
4	224	Lime	3	645	Lime
6	230	Shale	5	650	Shale
9	239	Sand (Dry)	5	655	Lime
14	253	Shale	7	662	Shale
8	261	Lime	1	663	Lime
20	281	Shale	4	667	Shale
5	286	Shale (Limey)	1	671	Shale
5	291	Sand (Dry)	1	672	Lime
3	294	Shale	5	677	Shale
7	301	Lime	1	678	Oil Sand (Shaley) (Poor Bleed)
5	306	Shale	1	679	Oil Sand (Oil & Water) (Fair Bleed)
1	307	Lime	1	680	Sandy Shale (Some Oil Sand Streaks) (Poor Bleed)
16	323	Shale	.5	680.5	Oil Sand (Limey) (Oil & Water) (Fair Bleed)
10	333	Lime	1.5	682	Sandy Shale (Limey)
2	335	Shale	.5	682.5	Oil Sand (Limey) (Oil & Water) (Fair Bleed)
13	348	Lime	.5	683	Sandy Shale (Limey)
5	353	Black Shale	2.5	685.5	Oil Sand (Shaley) (Oil & Water) (Fair Bleed)
3	356	Shale	1	686.5	Oil Sand (Good Bleed) (Oil & Water)
21	377	Lime	1	687.5	Oil Sand (Shaley) (Oil & Water) (Fair Bleed)
5	382	Black Shale	1	688.5	Sandy Shale
13	395	Lime	1	689.5	Oil Sand (Shaley) "Water"
1	405	Shale (Limey)	4.5	694	Sandy Shale (Oil Sand Streaks) (Poor Bleed)
16	421	Shale	2	696	Shale
1	422	Sand (Some Oil Show) (Poor Bleed)	TD	720	Shale
6	428	Sandy Shale			
72	500	Shale			Surface 5-17-12 Set Time 1:30pm Called 10:30am Judy
2	502	Oil Sand (Shaley) (Fair Bleed)			Longstring 711' 2 7/8 8rd TD 720' Set Time 11:30am 5-22-12 Called 10:00am Becky



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

Well #: 4-12
Location: SW-NE-NE-NW S24 T16 R21E
County: Miami
FSL: 4900 4892
FEL: 3870 2954
API#: 15-121-29085-00-00
Started: 5-17-12
Completed: 5-22-12

Lease :	Schudel
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	678	0:00	0	Oil Sand (Oil & Water) (Fair Bleed)	679
1	679	2:30	2.5	Sandy Shale (Oil Sand Streaks) (Poor Bleed)	680
2	680	8:30	6	Oil Sand (Limey) (Oil & Water) (Fair Bleed)	680.5
3	681	13:30	5	Sandy Shale (Limey)	682
4	682	18:30	5	Oil Sand Limey (Oil & Water) (Fair Bleed)	682.5
5	683	23:30	5	Sandy Shale Limey	683
6	684	27:00	3.5	Oil Sand Shaley (Oil & Water) (Fair Bleed)	685.5
7	685	30:00	3		
8	686	33:30	3.5	Oil Sand (Good Bleed) (Oil & Water)	686.5
9	687	37:00	3.5	Oil Sand (Shaley) (Oil & Water) (Fair Bleed)	687.5
10	688	42:00	5	Sandy Shale	688.5
11	689	46:00	4	Oil Sand Shaley "Water"	689.5
12	690	50:00	4	Sandy Shale Oil Sand Streaks Poor Bleed	694
13	691	55:30	5.5		
14	692	59:30	4		
15	693	64:30	5		
16	694	71:30	7		
17	695	77:30	6	Sandy Shale	
18					
19					
20					

May. 22. 2012 7:37AM

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

No. 1154 P. 1

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

Page: 1		Invoice: 10040921	
Specs :		Time:	09:11:29
Instructions :		Ship Date:	05/18/12
		Invoice Date:	05/22/12
Sale rep #: MAVERY MIKE	Acct rep code:	Due Date:	06/05/12
Sold To: BOBCAT OILFIELD SRVC, INC C/O BOB EBERHART 30805 COLDWATER RD LOUISBURG, KS 66053		Ship To: BOBCAT OILFIELD SRVC, INC (913) 837-2823 (913) 837-2823	
Customer #: 3570021	Customer PO:	Order By:	

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
280.00	280.00	L	BAG	CPPC	PORTLAND CEMENT	8.8900 BAG	8.8900	2489.20
240.00	240.00	L	BAG	CPPM	POST SET FLY ASH 75#	6.7900 BAG	5.7900	1389.60
14.00	14.00	L	EA	CPOP	QUIKRETE PALLETS	17.0000 EA	17.0000	238.00

*Schendel
4-12*

913-837-4159

INVOICE

FILLED BY		CHECKED BY		DATE SHIPPED	DRIVER	Sales total	\$4116.80
SHIP VIA		MIAMI COUNTY		RECEIVED COMPLETE AND IN GOOD CONDITION		Freight	100.00
X						Taxable	4216.80
						Non-taxable	0.00
						Sales tax	318.37
						Tax #	

TOTAL \$4535.17

1 - Merchant Copy

