

KANSAS CORPORATION COMMISSION 1100119  
 OIL & GAS CONSERVATION DIVISION  
**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form ACO-1  
 June 2009

**Form Must Be Typed**  
**Form must be Signed**  
**All blanks must be Filled**

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 #: \_\_\_\_\_  
 10/05/2012      10/12/2012      10/12/2012  
 Spud Date or  
 Recompletion Date      Date Reached TD      Completion Date or  
 Recompletion Date

API No. 15 - 15-121-29267-00-00  
 Spot Description: \_\_\_\_\_  
 SW SE SW NE Sec. 21 Twp. 17 S. R. 25  East  West  
2817 Feet from  North /  South Line of Section  
1769 Feet from  East /  West Line of Section  
 Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
 County: Miami  
 Lease Name: Orest Jones Well #: 8-12  
 Field Name: Louisburg  
 Producing Formation: Peru  
 Elevation: Ground: 1091 Kelly Bushing: 0  
 Total Depth: 480 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**

<input type="checkbox"/> Letter of Confidentiality Received	Date: _____
<input type="checkbox"/> Confidential Release Date:	_____
<input type="checkbox"/> Wireline Log Received	_____
<input type="checkbox"/> Geologist Report Received	_____
<input type="checkbox"/> UIC Distribution	_____

ALT  I  II  III Approved by: Deanna Garrison Date: 11/07/2012



1100119

Operator Name: Bobcat Oilfield Services, Inc. Lease Name: Orest Jones Well #: 8-12  
 Sec. 21 Twp. 17 S. R. 25  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 Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input 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 <u>N/A</u>	Top
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Datum
Electric Log Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Electric Log Submitted Electronically (If no, Submit Copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run:			

<b>CASING RECORD</b> <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	8	20	Portland	5	None

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

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

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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input checked="" type="checkbox"/> Other (Specify) <u>Dry Hole</u>			PRODUCTION INTERVAL: _____ _____	
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Lease:	Orest Jones	
Owner:	Bobcat Oilfield Services, Inc.	
OPR #:	3895	
Contractor:	DALE JACKSON PRODUCTION CO.	
OPR #:	4339	
Surface:	Cemented:	Hole Size:
Longstring	Cemented:	Hole Size: 5 5/8

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

Well #: 8-12
Location: SW-SE-NW-NE S21T17R25E
County: Miami
FSL: 2805 2817
FEL: 1775 1769
API#: 15-121-29267-00-00
Started: 10/5/12
Completed: 10/12/12

SN: None	Packer:	TD: 480'
Plugged: TD 65 Sacks Surface		Bottom Plug:

## Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
2	2	Top Soil	2	479	Sandy Shale (Odor)
6	8	Clay	TD	480	Shale
51	59	Lime			
52	111	Lime			
10	121	Lime			
6	127	Shale			
10	137	Sandy Shale			
29	166	Shale			
3	169	Lime			NO CORE
5	174	Black Shale			
1	175	Lime			
16	191	Sandy shale			
12	203	Shale			
7	210	Lime			
14	224	Shale			
34	258	Lime			
8	266	Shale			
19	285	Lime			
4	289	Black Shale			
16	305	Lime (Shaley)			
2	307	Black Shale			
99	406	Shale			
9	415	Light Sandy Shale			
24	439	Shale			
1	440	Black Shale			
2.5	442.5	Light shale			
5.5	448	Shale (Limey)			Surface 10/5/12 Set Time 5:30pm Called 3:30pm Brooke
2	450	Sandy Shale (Oil Sand Streak)			Plugging TD 480' TD-Surface
1	451	Oil Sand (Very Shaley) (Poor Bleed) (Water)			Plug Time 2:00pm Called 1:00pm 10/9/12 Brooke
2	453	Sandy Shale (Oil Sand Streak)			
.5	453.5	Oil Sand (Shaley) (Poor Bleed) (Water)			
.5	454	Sandy shale (Oil Sand Streak)			
.5	454.5	Oil Sand (Poor Bleed) (Water)			
.5	455	Lime			
2.5	457.5	Oil Sand (Very Shaley) (Poor Bleed)			
1.5	459	Lime			
1.5	460.5	Sand (Dry)			
13.5	474	Shale			
1	475	Oil Sand (Limey) (Fair Bleed)			
1.5	476.5	Oil sand (Fair Bleed)			
.5	477	Shale (Oil Sand Streak)			

Oct. 1, 2012 2:43PM Avery Lumber 913-795-2194  
**Avery Lumber**  
P.O. BOX 66  
MOUND CITY, KS 66056  
(913) 795-2210 FAX (913) 795-2194

No. 2833 2. 1

**Customer Copy**

**INVOICE**

## INVOICE

PLEASE REFER TO INVOICE NUMBER  
ON ALL CORRESPONDENCE

Page: 1

Invoice: 10044348

Special :	Time:	16:12:52
Instructions :	Ship Date:	09/27/12
:	Invoice Date:	10/01/12
Sale rep #: MAVERY MIKE	Accr rep code:	Due Date: 11/05/12
<b>Sold To: BOBCAT OILFIELD SRVC,INC</b>		<b>Ship To: BOBCAT OILFIELD SRVC,INC</b>
C/O BOB EBERHART		(913) 837-2823
30805 COLDWATER RD		
LOUISBURG, KS 66053		(913) 837-2823
Customer #: 3570021	Customer PO:	Order By:CLINT

Customer #: 3570021 Customer PO: Order By: CLINT

report901

**2 - Customer Copy**



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