

*** Correction *** Attention: Naomi James
 * Updating well status to active

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
 OIL & GAS CONSERVATION DIVISION

Form ACO-1
 July 2014

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 Service, Inc.

Address 1: 602 W. Amity, Suite 103

Address 2: _____

City Louisburg State KS Zip 66053 + _____

Contact Person: Rob Eberhart

Phone (913) 837-5199

CONTRACTOR License # Unknown

Name: _____

Wellsite Geologist N/A

Purchaser Coffeyville Resources

Designate Type of Completion:

- | | | |
|--|-----------------------------------|------------------------------------|
| <input type="checkbox"/> New Well | <input type="checkbox"/> Re-Entry | <input type="checkbox"/> Workover |
| <input checked="" type="checkbox"/> Oil | <input type="checkbox"/> WSW | <input type="checkbox"/> SWD |
| <input type="checkbox"/> Gas | <input type="checkbox"/> D&A | <input type="checkbox"/> ENHR |
| <input type="checkbox"/> OG | <input type="checkbox"/> GSW | <input type="checkbox"/> Temp Abd. |
| <input type="checkbox"/> CM (Coal Bed Methane) | | |
| <input type="checkbox"/> Cathodic <input type="checkbox"/> Other (Core, Expl, etc) | | |

If Workover/Re-entry. Old Well Info as follows:

Operator _____

Well Name _____

Original Comp Date: _____ Original Total Depth: _____

- | | | | |
|--|---------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Deepening | <input type="checkbox"/> Re-perf | <input type="checkbox"/> Conv to ENHR | <input type="checkbox"/> Conv. to SWD |
| <input type="checkbox"/> Plug Back | <input type="checkbox"/> Conv. to GSW | <input type="checkbox"/> Conv to Producer | |
| <input type="checkbox"/> Commingled | Permit # _____ | | |
| <input type="checkbox"/> Dual Completion | Permit # _____ | | |
| <input type="checkbox"/> SWD | Permit # _____ | | |
| <input type="checkbox"/> ENHR | Permit # _____ | | |
| <input type="checkbox"/> GSW | Permit # _____ | | |

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
		<u>1969</u>

API No 15 - 107-20113-00-00

Spot Description _____

NE SE Sec 5 Twp. 20 S. R 23 East West

1,980 Feet from North / South Line of Section

660 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner

- NE NW SE SW

GPS Location. Lat. _____, Long. _____
 (e.g. xx xxxxx) (e.g. -xxx xxxxx)

Datum: NAD27 NAD83 WGS84

County Linn

Lease Name: Baker Well # V-4

Field Name: LaCygne-Cadmus

Producing Formation: Peru

Elevation. Ground _____ Kelly Bushing: N/A

Total Vertical 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: 20

feet depth to surface w/ 5 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 # _____

INSTRUCTIONS: The original form shall be filed with the Kansas Corporation Commission, 130 S Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. If confidentiality is requested and approved, side two of this form will be held confidential for a period of 2 years. Rules 82-3-130, 82-3-106 and 82-3-107 apply. Drill Stem Test, Cement Tickets and Geological Well Report must be attached

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.

Signature: *J. Seal*
 Title Secretary Date 8-26-2014

KCC Office Use ONLY

Confidentiality Requested
 Date _____
 Confidential Release Date: AUG 28 2014
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
 ALT I II III Approved by: NJ Date: 10-13-14

Received
 KANSAS CORPORATION COMMISSION
 CONSERVATION DIVISION
 WICHITA, KS

Operator Name: Bobcat Oilfield Service, Inc. Lease Name: Baker Well # V-4
 Sec. 5 Twp 20 S R 23 East West County: Linn

INSTRUCTIONS: Show important tops 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

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc ks.gov. Digital electronic log files must be submitted in LAS version 2 0 or newer AND an image file (TIFF or PDF).

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run. Gamma Ray/Neutron/CCL	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input 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	8.75	6	8	20	Portland	5	None
Production	5.625	2.375	6	293	Portland/Fly Ash	50	50/50 POZ

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

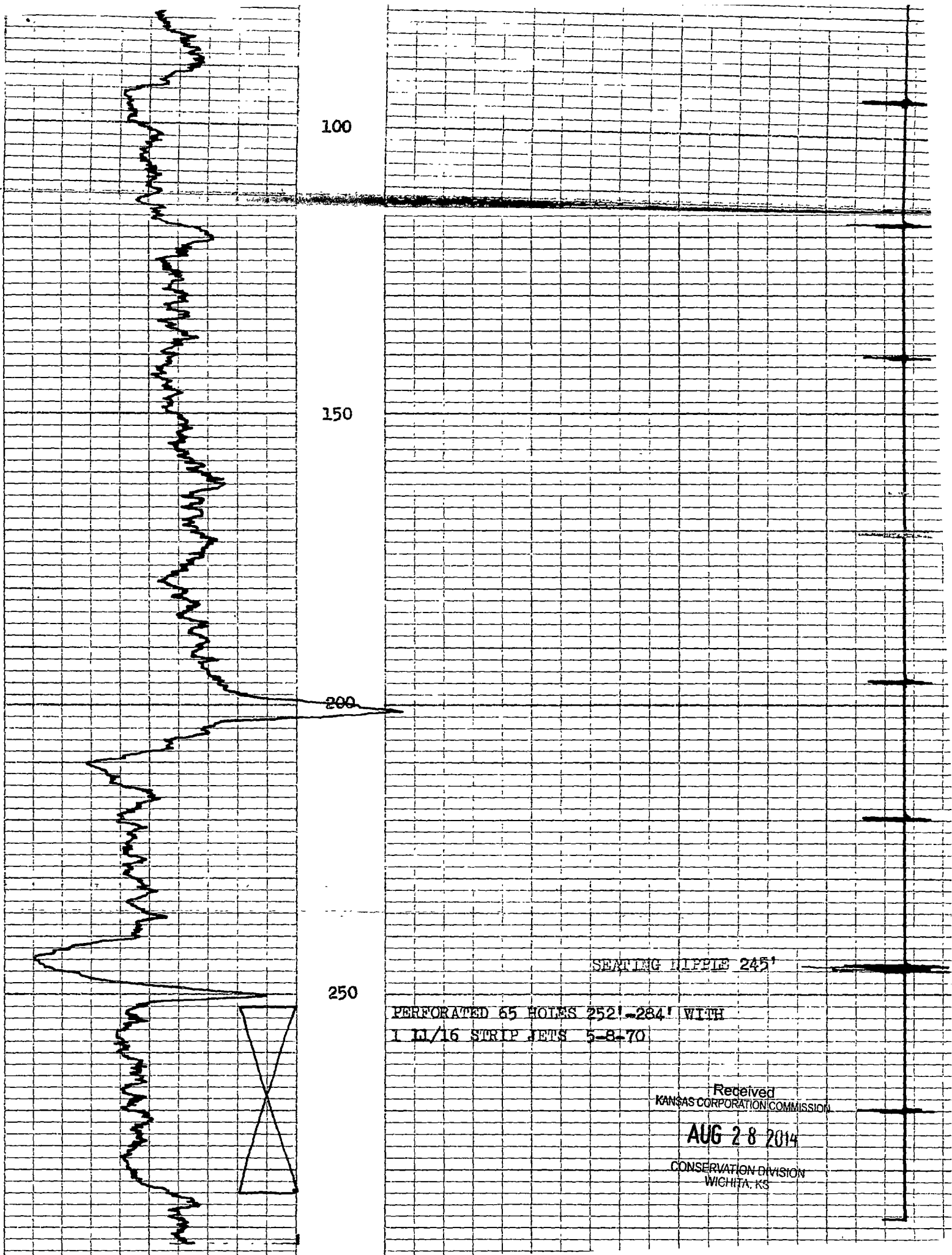
Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
 Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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
2	252-284		

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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 06/01/2004		Producing Method <input type="checkbox"/> Flowing <input checked="" 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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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100

150

200

250

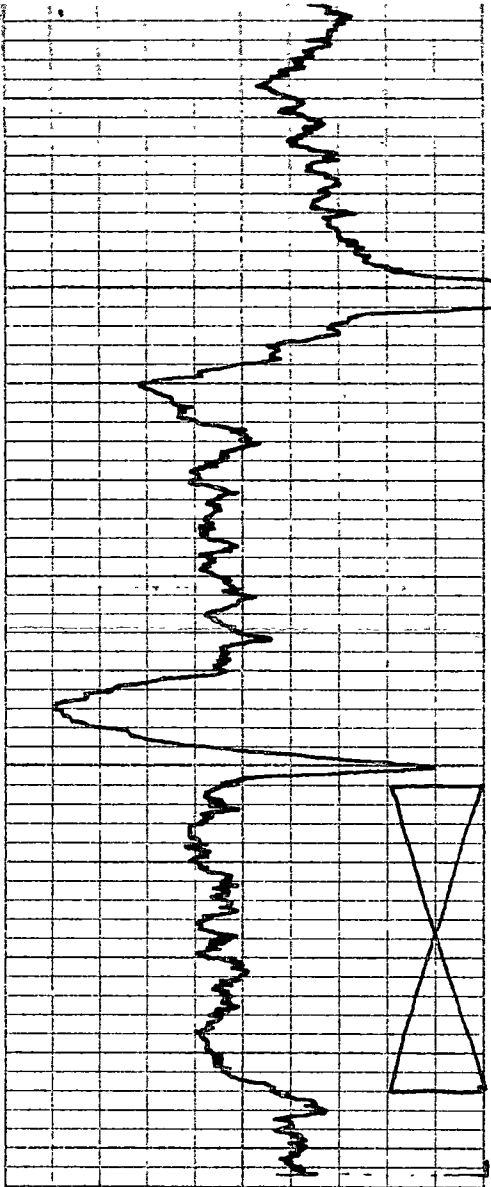
SETTING DIPPLE 245'

PERFORATED 65 HOLES 252'-284' WITH
1 IN/16 STRIP PETS 5-8-70

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WICHITA, KS



200

250

SETTING PIPELINE 245'

PERFORATED 65 HOLES 252'-284' WITH
1 1/16 STRIP JETS 5-8-70

R. D. 293'

T. D. 295.6'

MORAY OIL COMPANY INC.

BAKER # V-4

LENN COUNTY, KANSAS

12-5-69

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WICHITA, KS