

*\* 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:  
 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  
 Plug Back  Conv. to GSW  Conv to Producer  
 Commingled Permit # \_\_\_\_\_  
 Dual Completion Permit # \_\_\_\_\_  
 SWD Permit # \_\_\_\_\_  
 ENHR Permit # \_\_\_\_\_  
 GSW Permit # \_\_\_\_\_  
 Spud Date or Date Reached TD 12/31/1963  
 Recompletion Date Completion Date or Recompletion Date

API No. 15 - 107-19847-00-00  
 Spot Description \_\_\_\_\_  
SE\_SW\_SW\_SE Sec. 5 Twp 20 S. R. 23  East  West  
328 Feet from  North /  South Line of Section  
2,268 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: Harvey Well #: OW-6  
 Field Name: LaCygne-Cadmus  
 Producing Formation: Peru  
 Elevation Ground \_\_\_\_\_ Kelly Bushing: N/A  
 Total Vertical Depth 325 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/ 8 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: [Signature]  
 Title: Secretary Date 8-26-2014

**KCC Office Use ONLY**  
 Confidentiality Requested  
 Confidential Release Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
 ALT  I  II  III Approved by: [Signature] Date: 10-13-14  
 Received  
 KANSAS CORPORATION COMMISSION  
AUG 28 2014  
 CONSERVATION DIVISION  
 WICHITA, KS

Operator Name Bobcat Oilfield Service, Inc. Lease Name Harvey Well # OW-6  
 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](mailto: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 (Attach Additional Sheets)  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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No  List All E. Logs Run:	<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	8	20	Portland	8	None
Production		4.5	6	325	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 (Amount and Kind of Material Used)	Depth

TUBING RECORD      Size      Set At.      Packer At      Liner Run  Yes  No

Date of First, Resumed Production, SWD or ENHR <b>06/01/2004</b>		Producing Method <input type="checkbox"/> Flowing <input checked="" 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 type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL _____ _____
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