

ORIGINAL

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
October 2008  
Form Must Be Typed

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

*File  
12/29/09*

OPERATOR: License # 3895  
Name: Bobcat Oilfield Services, Inc.  
Address 1: 30805 Coldwater Rd.  
Address 2: \_\_\_\_\_  
City: Louisburg State: KS Zip: 66053 + \_\_\_\_\_  
Contact Person: Bob Eberhart  
Phone: ( 913 ) 837-2823  
CONTRACTOR: License # 4339  
Name: Jackson, Dale E. & Sue Ellen dba Dale E. Jackson Production Co.  
Wellsite Geologist: \_\_\_\_\_  
Purchaser: High Sierra Crude Oil & Marketing, LLC

Designate Type of Completion:  
 New Well \_\_\_\_\_ Re-Entry \_\_\_\_\_ Workover  
 Oil \_\_\_\_\_ SWD \_\_\_\_\_ SIOW  
\_\_\_\_\_ Gas \_\_\_\_\_ ENHR \_\_\_\_\_ SIGW  
\_\_\_\_\_ CM (Coal Bed Methane) \_\_\_\_\_ Temp. Abd.  
\_\_\_\_\_ Dry \_\_\_\_\_ Other \_\_\_\_\_  
*(Core, WSW, Expl., Cathodic, 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: \_\_\_\_\_ Plug Back Total Depth  
\_\_\_\_\_ Commingled \_\_\_\_\_ Docket No.: \_\_\_\_\_  
\_\_\_\_\_ Dual Completion \_\_\_\_\_ Docket No.: \_\_\_\_\_  
\_\_\_\_\_ Other (SWD or Enhr.?) \_\_\_\_\_ Docket No.: \_\_\_\_\_  
8/13/2009      8/14/2009      11/14/2009  
Spud Date or      Date Reached TD      Completion Date or  
Recompletion Date                Recompletion Date

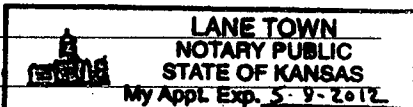
API No. 15 - 15-107-24103-00-00  
Spot Description: NE/4  
NE SE NW NE Sec. 8 Twp. 20 S. R. 23  East  West  
4478 Feet from  North /  South Line of Section  
1558 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Linn  
Lease Name: Snyder Well #: R-17  
Field Name: LaCygne-Cadmus  
Producing Formation: Peru  
Elevation: Ground: 930 Kelly Bushing: N/A  
Total Depth: 341 Plug Back Total Depth: 4  
Amount of Surface Pipe Set and Cemented at: 20.5 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from: 20.5  
feet depth to: surface w/ 5 sx cmt.

Drilling Fluid Management Plan AH II Nov 12-21-09  
*(Data must be collected from the Reserve Pit)*  
Chloride content: 1500-3000 ppm Fluid volume: 80 bbls  
Dewatering method used: on lease  
Location of fluid disposal if hauled offsite: \_\_\_\_\_  
Operator Name: \_\_\_\_\_  
Lease Name: \_\_\_\_\_ License No.: \_\_\_\_\_  
Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West  
County: \_\_\_\_\_ Docket No.: \_\_\_\_\_

**INSTRUCTIONS:** An original and two copies of this 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. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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: *Don Dusell*  
Title: Agent Date: 11-20-09  
Subscribed and sworn to before me this 20<sup>th</sup> day of November  
20 09  
Notary Public *L. J.*  
Date Commission Expires: 5-8-2012



**KCC Office Use ONLY**  
 Letter of Confidentiality Received  
If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
\_\_\_\_\_ Geologist Report Received  
\_\_\_\_\_ UIC Distribution  
**RECEIVED**  
**DEC 03 2009**

KCC WICHITA

Operator Name: Bobcat Oilfield Services, Inc. Lease Name: Snyder Well #: R-17  
 Sec. 8 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 copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i>  List All E. Logs Run: <b>GAMMA RAY/NEUTRON/CCL</b>	<input checked="" 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 3/4"	6 1/4"		20.5	Portland	5	
Completion	5 5/8"	2 7/8"		337	Portland	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				

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
2	281.0 - 288.0	15 Perfs	281.0 - 288.0	Acid Fracture	
2	291.0 - 298.0	29 Perfs	291.0 - 298.0	Acid Fracture	

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 <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <b>RECEIVED</b> <b>DEC 03 2009</b>
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# Avery Lumber

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

Customer Copy  
**INVOICE**  
PLEASE REFER TO INVOICE NUMBER  
ON ALL CORRESPONDENCE

<b>Page: 1</b>		<b>Invoice: 10011079</b>	
Special :		Time:	12:08:10
Instructions :		Ship Date:	07/15/09
		Invoice Date:	07/17/09
Sale rep #:	MAVERY MIKE	Acct rep code:	
		Due Date:	08/05/09
Sold To: <b>BOBCAT OILFIELD SRVC, INC</b>		Ship To: <b>BOBCAT OILFIELD SRVC, INC</b>	
C/O BOB EBERHART		(913) 837-2823	
30806 COLDWATER RD			
LOUISBURG, KS 66053		(913) 837-2823	
Customer #:	3570021	Customer PO:	
		Order By:	TERRY

5TH  
T 26

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
315.00	315.00	L	BAG	CPPC	PORTLAND CEMENT	7.9900 BAG	7.9900	2518.85
200.00	200.00	L	BAG	CPPM	POST SET FLY ASH 75#	5.1900 BAG	5.1900	1038.00
14.00	14.00	L	EA	CPQP	QUIKRETE PALLETS	17.0000 EA	17.0000	238.00

RECEIVED  
DEC 03 2009  
KCC WICHITA

	FILLED BY _____ CHECKED BY _____ DATE SHIPPED _____ DRIVER _____ SHIP VIA LINN COUNTY RECEIVED COMPLETE AND IN GOOD CONDITION X	Taxable 3792.85 Non-taxable 0.00 Tax # _____	Sales total \$3792.85  Sales tax 201.02  <b>TOTAL \$3993.87</b>
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2 - Customer Copy

