

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISIONForm ACO-1
October 2008
Form Must Be TypedWELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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.: _____
7/2/2009 7/3/2009 10/3/2009
 Spud Date or _____ Date Reached TD _____ Completion Date or
 Recompletion Date _____ Recompletion Date

API No. 15 - 15-107-24018-00-00Spot Description: NE/4

SW SE NW NE Sec. 8 Twp. 20 S. R. 23 ☒ East ☐ West
4091 Feet from ☐ North / ☒ South Line of Section
1715 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☒ NE ☐ NW ☒ SE ☐ SWCounty: LinnLease Name: Snyder Well #: Q-19Field Name: LaCygne-CadmusProducing Formation: PeruElevation: Ground: 896 Kelly Bushing: N/ATotal Depth: 341 Plug Back Total Depth: 16Amount of Surface Pipe Set and Cemented at: 20.5 FeetMultiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 20.5feet depth to: surface w/ 5 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

AH II NR 12-21-09Chloride content: 1500-3000 ppm Fluid volume: 80 bblsDewatering method used: on lease

Location of fluid disposal if hauled offsite:

Operator Name: _____

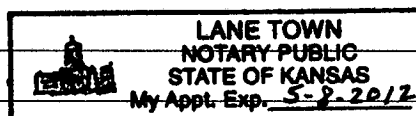
Lease Name: _____ License No.: _____

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: [Signature]Title: Agent Date: 11-20-09Subscribed and sworn to before me this 20th day of November09Notary Public: [Signature]Date Commission Expires: 5-8-2012

KCC Office Use ONLY

☒ Letter of Confidentiality ReceivedIf 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 #: Q-19
 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 ☐ Yes ☒ No
 (Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☒ Yes ☐ No

Electric Log Run ☒ Yes ☐ No
 (Submit Copy)

List All E. Logs Run:

GAMMA RAY/NEUTRON/CCL

☒ Log Formation (Top), Depth and Datum ☐ Sample
 Name Top Datum

CASING RECORD ☐ New ☐ 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"		325	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	274.5 - 284.5 41 Perfs	274.5 - 284.5 Acid Fracture	

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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.	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. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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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

Page: 1

Invoice: **10009309**

Special :

Instructions :

Sale rep #: **MAVERY MIKE**

Acct rep code:

Time: **18:25:04**Ship Date: **05/18/09**Invoice Date: **05/20/09**Due Date: **06/05/09****REPRINT**

Sold To: **BOBCAT OILFIELD SRVC, INC**
C/O BOB EBERHART
30805 COLDWATER RD
LOUISBURG, KS 66063

Ship To: **BOBCAT OILFIELD SRVC, INC**
(913) 837-2823

(913) 837-2823

Customer #: **3570021**

Customer PO:

Order By: **BOB EBERHEART**

poolmg01

5TH
T 28

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
210.00	210.00	L	BAG	CPPC	PORTLAND CEMENT	7.9900 BAG	7.9900	1677.90
320.00	320.00	L	BAG	CPPM	POST SET FLY ASH 75#	5.1900 BAG	5.1900	1660.80
4.00	4.00	L	EA	CPQP	QUIKRETE PALLETS	17.0000 EA	17.0000	68.00
					SHIPPED 14 PALLETS WITH LOAD			
					RETURNED 10 PALLETS FROM PREVIOUS LOAD			
					ONLY CHARGED FOR 4 PALLETS			

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DEC 03 2009

KCC WICHITA

INVOICE

FILLED BY CHECKED BY DATE SHIPPED DRIVER

SHIP VIA LINN COUNTY

RECEIVED COMPLETE AND IN GOOD CONDITION

X

Taxable 3406.70

Non-taxable 0.00

Tax #.

Sales total **\$3406.70**Sales tax **180.56****TOTAL \$3587.26****2 - Customer Copy**