

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

WELL 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.: _____
6/29/2009 6/30/2009 9/30/2009
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-107-24023-00-00
Spot Description: NE/4
NE NW SE NE Sec. 8 Twp. 20 S. R. 23 ☒ East ☐ West
3895 Feet from ☐ North / ☒ South Line of Section
965 Feet from ☒ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☒ NE ☐ NW ☒ SE ☐ SW
County: Linn
Lease Name: Snyder Well #: U-19S
Field Name: LaCygne-Cadmus
Producing Formation: Peru
Elevation: Ground: 916 Kelly Bushing: N/A
Total Depth: 331 Plug Back Total Depth: 8
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 Alt II NCL 1-7-10
(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: [Signature]

Title: Agent Date: 11-20-09

Subscribed and sworn to before me this 20th day of November

20 09

Notary Public: [Signature]

Date Commission Expires: 5-8-2012



KCC Office Use ONLY	
<input checked="" type="checkbox"/> Letter of Confidentiality Received	RECEIVED DEC 03 2009 KCC WICHITA
<input checked="" type="checkbox"/> If Denied, Yes <input type="checkbox"/> No Date: _____	
<input checked="" type="checkbox"/> Wireline Log Received	
<input type="checkbox"/> Geologist Report Received	
<input type="checkbox"/> UIC Distribution	

Operator Name: Bobcat Oilfield Services, Inc. Lease Name: Snyder Well #: U-19S
 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 <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"		323	Portland	50	50/50 POZ

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ 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	275.0 - 285.0	41 Perfs	275.0 - 285.0	Acid Fracture	
TUBING RECORD:			Size:	Set At:	Packer At:

DISPOSITION OF GAS:	METHOD OF COMPLETION:	PRODUCTION INTERVAL:
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	_____

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: **10008306**

Special :
Instructions :

Time: 10:50:30

Ship Date: 04/14/09

Invoice Date: 04/20/09

Due Date: 05/05/09

REPRINTSales rep #: **MAVERY MIKE**

Acct rep code:

Sold To: **BOBCAT OILFIELD SRVC, INC**
C/O BOB EBERHART
30805 COLDWATER RD
LOUISBURG, KS 66083

Ship To: **BOBCAT OILFIELD SRVC, INC**

(913) 837-2823

(913) 837-2823

Customer #: **3570021**

Customer PO:

Order By: **BOB**

posting01

5TH
Y 27

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
350.00	350.00	L	BG	CPPC	PORTLAND CEMENT	7.9900 BAG	7.9900	2788.50
160.00	160.00	L	EA	CPPM	POST SET FLY ASH 75#	5.1900 BAG	5.1900	830.40
14.00	14.00	L	EA	CPQP	QUIKRETE PALLETS	17.0000 EA	17.0000	238.00
PALLETS NEED TO BE RETURNED FOR CREDIT								

RECEIVED

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 3864.90

Non-taxable 0.00

Tax #

Sales total **\$3864.90**Sales tax **204.84****TOTAL \$4069.74****2 - Customer Copy**