

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.: _____
8/21/2009 8/24/2009 10/25/2009
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 15-107-24114-00-00

Spot Description: NE/4
 NW SW NE NE Sec. 8 Twp. 20 S. R. 23 ☒ East ☐ West
4320 Feet from ☐ North / ☒ South Line of Section
1128 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☒ NE ☐ NW ☒ SE ☐ SW
 County: Linn

Lease Name: Snyder Well #: T-17SField Name: LaCygne-CadmusProducing Formation: PeruElevation: Ground: 937 Kelly Bushing: N/ATotal Depth: 352 Plug Back Total Depth: 78Amount 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 AH II NR 1-7-10
 (Data must be collected from the Reserve Pit)

Chloride 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 November20 09Notary Public: [Signature]Date Commission Expires: 5-8-2012

KCC Office Use ONLY

N

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 #: T-17S
 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"		274	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	285.0 - 294.0	37 Perfs	285.0 - 294.0	Acid Fracture	
2	297.0 - 307.0	41 Perfs	297.0 - 307.0	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 (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: **10010653**

Special :
Instructions :

Time: 17:18:47

Ship Date: 07/01/09

Invoice Date: 07/02/09

Due Date: 08/05/09

Sale rep #: MAVERY MIKE

Acct rep code:

Sold To: BOBCAT OILFIELD SRVC, INC
C/O BOB EBERHART
30805 COLDWATER RD
LOUISBURG, KS 68053

Ship To: BOBCAT OILFIELD SRVC, INC

(913) 837-2823

(913) 837-2823

913 837 4159

Customer #: 3570021

Customer PO:

Order By: TERRY

5TH
T 28

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
280.00	280.00	L	BAG	CPPC	PORTLAND CEMENT	7.9900 BAG	7.9900	2237.20
240.00	240.00	L	BAG	CPPM	POST SET FLY ASH 75#	5.1900 BAG	5.1900	1245.60
14.00	14.00	L	EA	CPQP	QUIKRETE PALLETS	17.0000 EA	17.0000	238.00

OK RE.
Cndmrs. Drilling.

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 3720.80

Non-taxable 0.00

Tax #

Sales total \$3720.80

Sales tax 197.20

TOTAL \$3918.00**2 - Customer Copy**