

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

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: Dale Jackson Production Co.

Wellsite Geologist: _____

Purchaser: High Sierra Crude Oil & Marketing, LLC

Designate Type of Completion:

- New Well Re-Entry Workover
 - Oil SWD SLOW
 - 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.: _____

8/6/09	8/7/09	10/7/09
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 107-24108-00-00

Spot Description: NE/4

~~NE SW~~ NE NE Sec. 8 Twp. 20 S. R. 23 East West

4479 Feet from North / South Line of Section

688 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Linn

Lease Name: Snyder Well #: Y-17

Field Name: LaCygne-Cadmus

Producing Formation: Peru

Elevation: Ground: 938 Kelly Bushing: NA

Total Depth: 361 Plug Back Total Depth: 18

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 NR 1-13-10
(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

Letter of Confidentiality Received

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

RECEIVED

DEC 03 2009

KCC WICHITA

Handwritten notes:
Full log 12/09/09
C-1 (C-1) south
KCC

Operator Name: Bobcat Oilfield Services, Inc. Lease Name: Snyder Well #: Y-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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Gamma Ray/Neutron/CCL	<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"		343	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	300.0-315.0	62 Perfs	300.0-315.0	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: _____ _____
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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 :		Time:	17:18:47
Instructions :		Ship Date:	07/01/09
		Invoice Date:	07/02/09
Sale rep #:	MAVERY MIKE	Acct rep code:	Due Date: 08/05/09
Sold To: BOBCAT OILFIELD SRVC,INC		Ship To: BOBCAT OILFIELD SRVC,INC	
C/O BOB EBERHART		(913) 837-2823	
30805 COLDWATER RD		913 837 4159	
LOUISBURG, KS 68053		(913) 837-2823	
Customer #:	3570021	Customer PO:	
		Order By:	TERRY

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

NOTED

OK RE. Customer Drilling.

RECEIVED
DEC 03 2009
KCC WICHITA

	FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER		Sales total	\$3720.80
	SHIP VIA LINN COUNTY						
	RECEIVED COMPLETE AND IN GOOD CONDITION					Taxable	3720.80
						Non-taxable	0.00
						Sales tax	197.20
						Tax #	

TOTAL \$3918.00

2 - Customer Copy

