



KANSAS CORPORATION COMMISSION 1047963  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
June 2009

Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 3895  
Name: Bobcat Oilfield Services, Inc.  
Address 1: 30805 COLD WATER RD  
Address 2: \_\_\_\_\_  
City: LOUISBURG State: KS Zip: 66053 + 8108  
Contact Person: Bob Eberhart  
Phone: ( 913 ) 285-0873  
CONTRACTOR: License # 4339  
Name: Jackson, Dale E & Sue Ellen dba Dale E. Jackson Production Co.  
Wellsite Geologist: N/A  
Purchaser: High Sierra Crude Oil

Designate Type of Completion:  
 New Well     Re-Entry     Workover  
 Oil     WSW     SWD     SIOW  
 Gas     D&A     ENHR     SIGW  
 OG     GSW     Temp. Abd.  
 CM (Coal Bed Methane)  
 Cathodic     Other (Core, Expl., 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  
 Conv. to GSW  
 Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_  
 Commingled    Permit #: \_\_\_\_\_  
 Dual Completion    Permit #: \_\_\_\_\_  
 SWD    Permit #: \_\_\_\_\_  
 ENHR    Permit #: \_\_\_\_\_  
 GSW    Permit #: \_\_\_\_\_  
10/14/2010    10/15/2010    12/28/2010  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 15-107-24295-00-00  
Spot Description: \_\_\_\_\_  
NE SE SW SE Sec. 5 Twp. 20 S. R. 23  East  West  
345 Feet from  North /  South Line of Section  
1,331 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW  
County: Linn  
Lease Name: Harvey Well #: G-5  
Field Name: LaCygne-Cadmus  
Producing Formation: Peru  
Elevation: Ground: 948 Kelly Bushing: 0  
Total Depth: 342 Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at: 20 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from: 339  
feet depth to: 0 w/ 50 sx cmt.

**Drilling Fluid Management Plan**  
(Data must be collected from the Reserve Pit)  
Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls  
Dewatering method used: \_\_\_\_\_  
Location of fluid disposal if hauled offsite: \_\_\_\_\_  
Operator Name: \_\_\_\_\_  
Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_  
Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West  
County: \_\_\_\_\_ Permit #: \_\_\_\_\_

**AFFIDAVIT**

I am the affiant and I hereby certify that 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.

Submitted Electronically

**KCC Office Use ONLY**

Letter of Confidentiality Received  
Date: \_\_\_\_\_  
 Confidential Release Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  II  III Approved by: Deanna Garrison Date: 12/29/2010



1047963

Operator Name: Bobcat Oilfield Services, Inc. Lease Name: Harvey Well #: G-5  
 Sec. 5 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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Peru	282	GL
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Submitted Electronically (If no, Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				
Gamma Ray/Neutron/CCL				

CASING RECORD <input type="checkbox"/> New <input checked="" 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 casing	8.75	6.25	8	20	Portland	5	
Production casing	5.625	2.875	6	339	Portland/Fly Ash	50	60/40 Poz Mix

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
4	293-299, 301-304 & 306-310	Acid 500 gal 7.5% HCL	

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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Dale Jackson Production Co.  
 Box 266, Mound City, Ks 66056  
 Cell # 620-363-2683  
 Office # 913-795-2991



# Core Run # 1

Lease :	HARVEY
Owner:	BOBCAT OILFIELD SERVICES, INC.
OPR #:	3895
Contractor:	DALE JACKSON PRODUCTION CO.
OPR #:	4339

Well #: G-5 NE 3E 5N
Location: S2-S2-SE, S:5, T:20, S.R.:23E
County: LINN
FSL: 320 345
FEL: 4326 1331
API#: 15-107-24295-00-00
Started: 10-14-10
Completed: 10-15-10

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	282				
1	283		1		
2	284		1	OIL SAND (SHALEY) (WATER) (VERY LITTLE OIL)	284.5
3	285		1		
4	286		1		
5	287		1		
6	288		1.5	OIL SAND (LIMEY) (OIL AND WATER)	288.5
7	289		1		
8	290		1.5		
9	291		1		
10	292		1	OIL SAND (SOME SHALE) (WATER AND SOME OIL)	292.5
11	293		1.5		
12	294		1	OIL SAND (OIL AND WATER) (FAIR BLEED)	294
13	295		1.5		
14	296		1	OIL SAND (SOME SHALE) (GOOD BLEED)	296.5
15	297		1.5		
16	298		1.5		
17	299		1	OIL SAND (SHALEY) (GOOD BLEED)	299
18	300		1.5	SANDY SHALE (OIL SAND STK.) (POOR BLEED)	300
19	301		1.5	OIL SAND (SHALEY) (GOOD BLEED)	301
20	302		1		
				OIL SAND (SOME SHALE) (GOOD BLEED)	

**Avery Lumber**  
 P.O. BOX 86  
 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: **10024773**

Special : Instructions : **913-837-4159** Time: 13:53:41  
 Ship Date: 10/12/10  
 Invoice Date: 10/14/10  
 Due Date: 11/05/10

Sale rep #: **MAVERY MIKE** Acct rep code:

Sold To: **BOBCAT OILFIELD SRVC, INC** Ship To: **BOBCAT OILFIELD SRVC, INC**  
 C/O BOB EBERHART (913) 837-2823  
 30805 COLDWATER RD  
 LOUISBURG, KS 66053 (913) 837-2823

Customer #: **3570021** Customer PO: Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
246.00	246.00	L	BAG	CPPC	PORTLAND CEMENT	7.8900 BAG	7.8900	1957.55
280.00	280.00	L	BAG	CPPM	POST SET FLY ASH 75#	6.1000 BAG	6.1000	1428.00
14.00	14.00	L	EA	CPQP	QUIKRETE PALLETS	17.0000 EA	17.0000	238.00

*OKRE*

*THAT WAY*  
*6-5*

*Total 8977.97*

*DIRECT DELIVERED TO LACYANK*  
*ORDERED BY TERRY*

**INVOICE**

FILLED BY _____ CHECKED BY _____ DATE SHIPPED _____ DRIVER _____ SHIP VIA <b>LINN COUNTY</b> RECEIVED COMPLETE AND IN GOOD CONDITION _____ <b>X</b>				Sales total <b>\$3623.55</b> Taxable <b>3623.55</b> Non-taxable <b>0.00</b> Tax # _____ Sales tax <b>228.28</b>
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**TOTAL \$3851.83**

2 - Customer Copy

