



KANSAS CORPORATION COMMISSION 1047882
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 #: _____
10/25/2010 10/26/2010 12/21/2010
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-107-24251-00-00
Spot Description: _____
NW NE SW SE Sec. 5 Twp. 20 S. R. 23 East West
998 Feet from North / South Line of Section
1,658 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Linn
Lease Name: Harvey Well #: C-4
Field Name: LaCygne-Cadmus
Producing Formation: Peru
Elevation: Ground: 949 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: 338
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: 12/28/2010



1047882

Operator Name: Bobcat Oilfield Services, Inc. Lease Name: Harvey Well #: C-4
 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 <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, 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 <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Peru</td> <td>277</td> <td>GL</td> </tr> </table>	Name	Top	Datum	Peru	277	GL
Name	Top	Datum					
Peru	277	GL					


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	338	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 <i>(Amount and Kind of Material Used)</i>	Depth
4	290-300 & 304-307	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 <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Lease:	(HARVEY)	
Owner:	BOBCAT OILFIELD SERVICES, INC.	
OPR #:	3895	
Contractor:	DALE JACKSON PRODUCTION CO.	
OPR #:	4339	
Surface:	Cemented:	Hole Size:
20FT, 6IN	5 SACKS	8 3/4
Longstring	Cemented:	Hole Size:
338' 2 7/8		5 5/8
HYDRILL		

Dale Jackson Production Co.
 Box 266, Mound City, Ks 66056
 Cell # 620-363-2683
 Office # 913-795-2991

Well #: C-4
Location: -NE-SW-SE, S:5, T:20,S.R.:23,E
County: LINN
FSL: 990 998
FEL: 4650 1658
API#: 15-107-24251-00-00
Started: 10-25-10
Completed: 10-26-10

SN:	Packer:	TD: 342'
NONE		
Plugged:	Bottom Plug:	

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
1	1	TOP SOIL			
1	2	CLAY			
29	31	LIM E			
4	35	SHALE			
4	39	BLACK SHALE			
21	60	LIM E			
4	64	BLACK SHALE			
14	78	LIME (SHALEY)			
1	79	BLACK SHALE			
10	89	SHALE (LIMEY)			
20	119	SHALE			
12	131	SANDY SHALE (DRY SAND STK)			
94	225	SHALE			
1	256	BLACK SHALE			
10	236	SHALE			
6	242	SANDY SHALE (LIMEY)			
23	265	SHALE			
8	273	LIME			
1	274	SHALE			
2	276	LIGHT SHALE (OIL SAND STK)			
5.5	281.5	OIL SAND (POOR BLEED) (WATER)			
.5	282	LIME			
.5	282.5	OIL SAND (LIMEY) (WATER)			
3.5	286	OIL SAND (SOME SHALE) (WATER) (VERY LITTLE OIL)			
.5	286.5	OIL SAND (SHALEY) (FRACTOR) (WATER)			
1.5	288	OIL SAND (OIL WATER) (SOME SHALE) (FAIR BLEED)			
2	290	OIL SAND (OIL AND WATER) (SOME SHALE) (GOOD BLEED)			
3	293	OIL SAND (SOME SHALE) (GOOD BLEED)			
1.5	294.5	OIL SAND (LIMEY) (GOOD BLEED)			
2.5	297	SANDY SHALE (SOME OIL SAND STK) (POOR BLEED)			
1	298	OIL SAND (SHALEY) (GOOD BLEED)			
2	300	OIL SAND (SOME SHALE) (GOOD BLEED)			
4	304	SHALE (SOME OIL SAND STK) (POOR BLEED)			
3	307	OIL SAND (GOOD BLEED)			
13	320	SHALE			
1	321	COAL			
1	322	SHALE			
2	324	COAL			
6	330	SHALE			
5	335	LIME			
TD	342	SHALE			

SURFACE SET TIME 4:00P.M. - 10-25-10
 CALLED- 12:00P.M. - MIKE

LONGSTRING- 338; 2 7/8 HYDRILL TD-
 342'- JUDY
 SET TIME- 2:30P.M.
 CALLED- 1:15 P.M. - 10-26-10



Dale Jackson Production Co.
 Box 266, Mound City, Ks 66056
 Cell # 620-363-2683
 Office # 913-795-2991



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

Core Run # 1

Well #	998
Location:	-NE-SW-SE, S:5, T:20, S.R.:23, E
County:	LINN
FSL:	900 998
FEL:	1650 11658
API#:	15-107-24251-00-00
Started:	10-25-10
Completed:	10-26-10

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	282		-----	OIL SAND (LIMEY) (WATER)	282.5
1	283		1		
2	284		1		
3	285		1		
4	286		1	OIL SAND (SOME SHALE) (WATER) (VERY LITTLE OIL)	286
				OIL SAND (SHALEY) (FRACTOR) (WATER AND SOME OIL)	286.5
5	287		1		
6	288		1	OIL SAND (OIL SAND WATER) (SOME SHALE GOOD BLEED)	288
7	289		1		
8	290		1	OIL SAND (OIL WATER) (SOME SHALE GOOD BLEED)	290
9	291		2.5		
10	292		1		
11	293		1	OIL SAND (SOME SHALE) (GOOD BLEED)	293
12	294		1.5	OIL SAND (LIMEY) (GOOD BLEED)	294.5
13	295		1.5		
14	296		1.5		
15	297		1.5	SANDY SHALE (SOME OIL SAND STK) (POOR BLEED)	297
16	298		1	OIL SAND (SHALEY) (GOOD BLEED)	298
17	299		1.5		
18	300		1	OIL SAND (SOME SHALE) (GOOD BLEED)	300
19	301		2		
20	302			SAHLE (SOME OIL SAND STK) (POOR BLEED)	

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: 10025287	
Special :		Time:	13:42:44
Instructions :		Ship Date:	10/28/10
		Invoice Date:	10/28/10
Sale rep #: MAVERY MIKE		Acct rep code:	
		Duo Date:	12/05/10
Sold To: BOBCAT OILFIELD SRVC,INC C/O BOB EBERHART 30805 COLDWATER RD LOUISBURG, KS 66053		Ship To: BOBCAT OILFIELD SRVC,INC (913) 837-2823 (913) 837-2823	
Customer #: 3570021	Customer PO:	Order By:	

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#	5.1000 BAG	5.1000	1224.00
14.00	14.00	L	EA	CPQP	QUIKRETE PALLETS	17.0000 EA	17.0000	238.00

ordered by Terry
Direct Delivery to Lacysma

HARVEY
447

INVOICE

FILLED BY				CHECKED BY				DATE SHIPPED				DRIVER				Sales total		\$3698.20	
SHIP VIA								LINN COUNTY								Taxable		3698.20	
X								RECEIVED COMPLETE AND IN GOOD CONDITION								Non-taxable		0.00	
												Sales tax		233.05					
														TOTAL		\$3932.25			

2 - Customer Copy

