



KANSAS CORPORATION COMMISSION 1047871
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 #: _____

<u>11/05/2010</u>	<u>11/08/2010</u>	<u>12/21/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-107-24248-00-00
Spot Description: _____
NW NW SW SE Sec. 5 Twp. 20 S. R. 23 East West
993 Feet from North / South Line of Section
2,639 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-1
Field Name: LaCygne-Cadmus
Producing Formation: Peru
Elevation: Ground: 929 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



1047871

Operator Name: Bobcat Oilfield Services, Inc. Lease Name: Harvey Well #: C-1
 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 Name Top Datum Peru 265 GL
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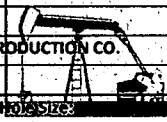
CASING RECORD <input type="checkbox"/> New <input checked="" type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and 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	281-288 & 293-298	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 :	HARVERY	
Owner:	BOBCAT OILFIELD SERVICES	
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	50	5 5/8

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

Well #:	CFW
Location:	W2, NW, SW, SE, S:5, T:20, S.R. 23, E
County:	LINN
FSL:	990 993
FEL:	2,620-2639
API#:	15-107-24248-00-00
Started:	11-5-10
Completed:	11-8-10

Well Log

SN:	None	Packer:		TD: 342
Plugged:		Bottom Plug:		

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
1	1	TOP SOIL			
2	3	CLAY			
18	21	LIME			
4	25	SHALE			
5	30	BLACKSHALE			
20	50	LIME			
2	52	SHALE			
2	54	BLACKSHALE			
13	67	LIME (SHALEY) (FLOW)			
1	68	BLACK SHALE			
10	78	SANDY SHALE			
142	220	SHALE			
1	221	BLACK SHALE			
4	225	SHALE			
6	231	SANDY SHALE (LIMEY)			
24	255	SHALE			
7	262	LIME (OIL SLOW) (GAS) (FLOW)			
3	265	SHALE (OIL SAND STK)			
1	266	OIL SAND (VERY SHALEY) (POOR BLEED) (WATER)			
4	270	OIL SAND (SOME SHALE) (POOR BLEED) (WATER)			
3	273	OIL SNAD (FAIR BLEED) (OIL & WATER)			
1	274.5	OIL SAND WATER (VERY LITTLE OIL)			
3	277.5	OIL & WATER (OIL & WATER) (GOOD BLEED)			
2	279.5	OIL SAND (OIL & SOME WATER) (SLIGHT LIMEY) (GOOD BLEED)			
1.5	281	LIME (SOME OIL SAND STREAKS) (POOR BLEED)			
2.5	283.5	OIL SAND SOME SHALE (GOOD BLEED)			
2	285.5	OIL SAND (SHALEY) (GOOD BLEED)			
3	288.5	OIL SAND (GOOD BLEED)			
1.5	290	SANDY SHALE (SOME OIL SAND STREAKS) (POOR BLEED)			
.5	290.5	OIL SAND (SHALEY) (GOOD BLEED)			
1	291.5	SHALE			
1.5	293	OIL SAND (GOOD BLEED)			
1	294	SHALE (OIL SAND STREAK) (POOR BLEED)			
3	297	OIL SAND (SHALE STK) (GOOD BLEED)			
2	299	SHALE (OIL SAND STK)			
15	314	SHALE			
3	317	COOL			
4	321	SHALE			
6	327	LIME			
4	331	SHALE (LIMEY)			
10	341	SHALE			
TD	342	LIME			

SURFACE: 11-5-10
SET TIME: 4:30 P.M.
CALLED 1:00 P.M.- BECKY

LONG STRING 338' 2 7/8
HYDRILL TD: 342' 11-8-10
SET TIME 2:30 P.M.
CALLED 1:00 P.M.



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



Core Run # 1

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

Well #:	C-1 NW
Location:	W2, NW, SW, SE, S:5, T:20, S.R. 23, E
County:	LINN
FSL-990	993
FEL:	2,620 2639
API#:	15-107-24248-00-00
Started:	11-5-10
Completed:	11-8-10

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	273		-----	OIL SAND "WATER" (VERY LITTLE OIL)	274.5
1	274		1	OIL SAND (OIL & WATER) (GOOD BLEED)	277.5
2	275		1		
3	276		1		
4	277		1	OIL SAND (OIL & WATER) GOOD BLEED (SLIGHTLY LIMEY)	279.5
5	278		1		
6	279		1.5	LIME (SOME OIL SAND STREAKS) (POOR BLEED)	281
7	280		1		
8	281		2	OIL SAND SOME SHALE (GOOD BLEED)	283.5
9	282		1.5		
10	283		.5	OIL SAND (SHALEY) (GOOD BLEED)	285.5
11	284		1		
12	285		1	OIL SAND (GOOD BLEED)	288.5
13	286		1.5		
14	287		1		
15	288		1.5	SANDY SHALE (SOME OIL SAND STREAKS) (POOR BLEED)	290
16	289		1		
17	290		1.5	OIL SAND (SHALEY) (GOOD BLEED)	290.5
18	291		1.5	SHALE	291.5
19	292		1.5		
20	293		1.5	OIL SAND GOOD BLEED	293

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 Instructions: Time: 13:42:44
 Ship Date: 10/28/10
 Invoice Date: 10/28/10
 Sale rep #: MAVERY MIKE Acct rep code: Due Date: 12/05/10

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
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 Lacy's
 Harvest #11-8*

INVOICE

FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	\$3699.20
SHIP VIA LINN COUNTY				Taxable	3699.20
RECEIVED COMPLETE AND IN GOOD CONDITION				Non-taxable	0.00
X				Tax #	
				Sales tax	233.05
				TOTAL	\$3932.25

2 - Customer Copy

