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ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

KCC WICHITA

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
June 2009

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

OPERATOR: License # 33345
Name: Jerald Bollinger
Address 1: 317 S. Highland
Address 2: _____
City: Chanute State: KS Zip: 66720 + _____
Contact Person: Harry Conley
Phone: (620) 363-0457
CONTRACTOR: License # 30948
Name: Harry Conley
Wellsite Geologist: _____
Purchaser: High Sierra

API No. 15 - 00129919-00-00
Spot Description: 1288 Farm N Farm East
SE SW NE NE Sec. 33 Twp. 21 N S. R. 21 East West
1,288 Feet from North / South Line of Section
805 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Allen
Lease Name: Bollinger West Well #: B1
Field Name: Savonburg Field
Producing Formation: Cattleman

Elevation: Ground: _____ Kelly Bushing: _____
Total Depth: 700 Plug Back Total Depth: 700
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: 1270
feet depth to: top to bottom w/ 70 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: 200 bbls
Dewatering method used: dried in pit

Location of fluid disposal if hauled offsite: _____

Operator Name: N/A
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

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: 10/01/2009 Original Total Depth: 700
 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 #: _____

08/12/2009 09/20/2009 10/01/2009
Spud Date or Date Reached TD Completion Date or Recompletion Date

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.

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.

Signature: Jerald Bollinger
Title: owner Date: 03/22/2010

Notary Public Ellen M. McCauley
Date Commission Expires Nov 8-2011

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: Dlg Date: 3/28/11

Operator Name: Jerald Bollinger Lease Name: Bollinger West Well #: B1
 Sec. 33 Twp. 21 S. R. 21 East West County: Allen

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample <table style="width:100%; border: none;"> <tr> <td style="width:50%;">Name</td> <td style="width:25%;">Top</td> <td style="width:25%;">Datum</td> </tr> <tr> <td>cattleman</td> <td>641</td> <td>448</td> </tr> </table> <div style="text-align: right; font-weight: bold; font-size: 1.2em;"> RECEIVED AUG 04 2010 KCC WICHITA </div>	Name	Top	Datum	cattleman	641	448
Name	Top	Datum					
cattleman	641	448					

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
700' 2 1/2"	6"	20-8" pin	3lb.	700	portland	70	none
surf		6.5		20		10	
prob		2.875		1270			

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 <i>(Amount and Kind of Material Used)</i>	Depth
	Set packer on top of sand	fracture	641'

TUBING RECORD: Size: <u>1"</u> Set At: <u>weighted anchor</u> Packer At:		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>10/12/2009</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls. <u>1</u>	Gas Mcf <u>0</u>	Water Bbls. <u>1</u> Gas-Oil Ratio <u>50%</u> Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>na</u>
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 Farm & Ranch Supplies
 Structural Steel Products
 • Hardware & Paint



FARM & HOME

A Division of Cleaver Farm Supply, Inc.

2103 S. SANTA FE
 CHANUTE, KS 66720
 (620)431-6070

RETURN POLICY - within 30 days only -
 merchandise must be in saleable
 condition and accompanied by invoice.

No refunds on Special Order non-stock
 items

Account due 10th of month
 following purchase. 1 1/2%
 interest per month added for an
 annual percentage rate of 18%.

SOLD TO
 CASH CUSTOMER

SHIP TO
 NON-STOCK ITEMS
 50% DOWN NO RETURNS !!
 I.E. SHUTTERS & STORM WIND

000-000-0000



Shipment #: 1

ACCOUNT #	CUSTOMER P.O.#	TERMS	ORDER #	ORDER DATE	SLSMN	INVOICE #	INVOICE DATE
CASHS		CASH SALE	724411	10/05/09	TD	312381	10/05/09
ORDERED	BACKORDERED	SHIPPED	U/M	DESCRIPTION	PRICE	AMOUNT	
60	0	60	EA	CEMENT STANDARD TYPE 1 94LB MONARCH STD PALLET ?	8.280	496.80*	
1	0	1	EA	PLUG BLK 2" 451663	2.990	2.99*	
1	0	1	EA	PALLET BLOCKS & QUIK-CRETE PALLET	14.000	14.00	
THE INVOICE TOTAL OF 551.52 HAS BEEN REDUCED BY THE FOLLOWING PAYMENTS:							
DESCRIPTION	REFERENCE/CHECK #	AUTH CODE	DATE	AMOUNT			
CHECK	15214 BOLLINGER	00	10/05/09	551.52			
July 31, 2010 10:06:03					THOMAS DAVOLT	0 / 2	
***** * INVOICE * *****					SHIP VIA	FILLED BY	CHK'D BY
					10	PAGE 1 OF 1	
					MERCHANDISE	513.79	
					OTHER	0.00	
					TAX 8.550%	37.73	
					FREIGHT	0.00	
					TOTAL Change:	0.00	

INVOICE

I pay 10 Lbs on hand

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