



KANSAS CORPORATION COMMISSION 1053951
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>1/23/2011</u>	<u>2/21/2011</u>	<u>4/28/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-107-24237-00-00
Spot Description: _____
NE SW SE SE Sec. 5 Twp. 20 S. R. 23 East West
511 Feet from North / South Line of Section
834 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Linn
Lease Name: Harvey Well #: F-6
Field Name: LaCygne-Cadmus
Producing Formation: Peru
Elevation: Ground: 933 Kelly Bushing: 0
Total Depth: 335 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: 326
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: 05/03/2011



1053951

Operator Name: Bobcat Oilfield Services, Inc. Lease Name: Harvey Well #: F-6
 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>270</td> <td>GL</td> </tr> </table>	Name	Top	Datum	Peru	270	GL
Name	Top	Datum					
Peru	270	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	326	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
3	272-276	Acid 500 gal 7.5% HCL	
3	280-289		
3	291-294 & 296-298		

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes 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: _____ _____
---	--	--

Lease :	HARVEY	
Owner:	BOBCAT OILFIELD SERVICES	
OPR #:	3895	
Contractor:	DALE JACKSON PRODUCTION CO.	
OPR #:	4339	
Surface: 20FT, 6IN	Cemented: 5 SACKS	Hole Size: 8 3/4
Longstring 326' 2 7/8 8RD	Cemented: 50	Hole Size: 5 5/8

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

Well #: F6
Location: NE,SW,SE,SE,SS,T20,SR23,E
County: LINN
FSL: 495 511
FEL: 825 834
API#: 15-107-24237
Started: 1-23-11
Completed: 2-21-11

SN: 266'	Packer:	TD: 335'
Plugged:	Bottom Plug:	

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
2	2	TOPSOIL			
13	15	LIME			
5	20	SHALE			
5	25	BLACKSHALE			
22	47	LIME			
4	51	BLACKSHALE			
14	65	LIME (SHALEY)			
1	66	BLACKSHALE			
17	83	SANDY SHALE			
27	110	SHALE			
25	135	SANDY SHALE (DRY SAND STK)			
76	211	SHALE			
1	212	COAL			
12	224	SHALE			
6	230	LIME			
23	253	SHALE			
10	263	LIME			
3	266	SHALE (LIMEY)			
3	269	SANDY SHALE (OIL SAND STK)			
3	272	OIL SAND (VERY SHALEY) (FAIR BLEED) (SOME WATER)			
4.5	276.5	OIL SAND (OIL & WATER) (GOOD BLEED)			
1	277.5	OIL SAND ("WATER") (SOME OIL) (GOOD BLEED)			
1	278.5	OIL SAND (FRACTURED) (HEAVY FLOW) (WATER & SOME OIL)			
1	279.5	OIL SAND (GOOD BLEED)			
3	282.5	OIL SAND (VERY SHALEY) (FAIR BLEED) 1.5			
1.5	284	OIL SAND (SOME WATER)(GOOD BLEED)			
2	286	OIL SAND (SHALEY) (GOOD BLEED)			
2	288	SANDY SHALE (SOME OIL SAND STREAKS)(POOR BLEED)			
1	289	OIL SAND (VERY SHALEY) (FAIR BLEED)			
2.5	291.5	SAND SHALE (SOME OIL SAND STEAKS) (POOR BLEED)			
7	298.5	OIL AND (VERY SHALEY) (FAIR BLEED)			
13.5	312	SHALE			
3	315	COAL			
4	319	SHALE			
11	330	LIME			
TD	335	SHALE			

SURFACE: 1-25-11
SET TIME: 11:00 A.M
CALLED: 9:00 A.M. - JOHN

LONGSTRING: 326' 2 7/8 8RD
TD: 335'
SET TIME: 3:00 P.M. -2-21-11
CALLED: 12:30 P.M. - JUDY



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

Well #: F6
Location: NE,SW,SE,SE,S5,T20,SR23,E
County: LINN
FSL: 495 511
FEL: 825 824
API#: 15-107-24237
Started: 1-23-11
Completed: 2-21-11

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

Core Run #1

FT	Depth	Clock	Time	Formation/Remarks	Depth
0	272				
1	273				
2	274			OIL SAND (OIL & SOME WATER) (GOOD BLEED)	
3	275				
4	276				276.5
5	277			OIL SAND (WATER) (SOME OIL) (GOOD BLEED)	277.5
6	278			OIL SAND (FRACTURED) (VERY HEAVY FLOW, WATER-A LITTLE OIL)	278.5
7	279			OIL SAND (GOOD BLEED)	279.5
8	280				
9	281			OIL SAND (VERY SHALEY) (FAIR BLEED)	
10	282				282.5
11	283			OIL SAND (SOME SHALE) (GOOD BLEED)	284
12	284				
13	285			OIL SAND (SHALEY) (GOOD BLEED)	286
14	286				
15	287			SANDY SHALE (SOME OIL SAND STREAKS) (POOR BLEED)	288
16	288				
17	289			OIL SAND (VERY SHALEY)(FAIR BLEED)	289
18	290			SANDY SHALE (SOME OIL SAND STREAKS) (POOR BLEED)	
19	291				291.5
20	292			OIL SAND (VERY SHALEY) (FAIR BLEED)	

Avery Lumber
 P.O. BOX 66
 MOUND CITY, KS 66056
 (913) 795-2210 FAX (913) 795-2194

Merchant Copy

INVOICE

THIS COPY MUST REMAIN AT MERCHANT AT ALL TIMES!

Page: 1		Invoice: 10027491	
Special :		Time:	10:31:23
Instructions :		Ship Date:	01/04/11
		Invoice Date:	01/07/11
Sale rep #: MAVERY MIKE		Due Date:	02/05/11
	Acct rep code:		
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
245.00	245.00	L	BAG	CPFC	PORTLAND CEMENT	7.9900 BAG	7.9900	1957.55
280.00	280.00	L	BAG	CPPM	POST SET FLY ASH 75#	5.1000 BAG	5.1000	1428.00
14.00	14.00	L	EA	CPQP	QUIKRETE PALLETS	17.0000 EA	17.0000	238.00

Harvey F-6

DIRECT DELIVERY

INVOICE

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

TOTAL \$3851.83

1 - Merchant Copy

