



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

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 #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ 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: _____ Date: _____



1074669

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input 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

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

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	R & B Oil & Gas, Inc.
Well Name	Pollock A1 'OWWO'
Doc ID	1074669

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	4926 - 4936	1000 gal 15% HCL Acid	
		Frac 300 sx Sand	
	4840	Set Bridge Plug	
4	4593 - 4624	1700 gal 15% HCL Acid	
		Frac - 215 SX 20/40- 190 SX 12/20	
		90 SX 16/30	

ALLIED CEMENTING CO., LLC. 037728

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Med. Lodge

DATE <u>7-8-11</u>	SEC. <u>12</u>	TWP. <u>34S</u>	RANGE <u>10W</u>	CALLED OUT	ON LOCATION	JOB START <u>5:00am</u>	JOB FINISH <u>6:00am</u>
LEASE <u>Pollock</u>	WELL # <u>A-1 OWWO</u>	LOCATION <u>Hazelton Rd E. on hwy #2</u>			COUNTY <u>Barber</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)			to <u>Garland Rd 1/4 E, 1/2 S on Colfax E into</u>				

CONTRACTOR Landmark Drilling OWNER R+B Oil + Gas
TYPE OF JOB Production

HOLE SIZE <u>7 7/8</u> T.D. <u>5071'</u>	CEMENT AMOUNT ORDERED
CASING SIZE <u>4 1/2</u> DEPTH <u>5058'</u>	<u>40 sx 60:40 1/4% gel + 4% sms</u>
TUBING SIZE DEPTH	<u>2.25 or c loss ft + 10% salt + 5% kalsol</u>
DRILL PIPE DEPTH	COMMON <u>24</u> sx @ <u>16.25</u> <u>390.00</u>
TOOL DEPTH	POZMIX <u>16</u> sx @ <u>8.50</u> <u>136.00</u>
PRES. MAX <u>1200 psi.</u> MINIMUM	GEL <u>2</u> sx @ <u>21.25</u> <u>42.50</u>
MEAS. LINE SHOE JOINT <u>31'</u>	CHLORIDE @
CEMENT LEFT IN CSG. <u>31'</u>	ASC @
PERFS.	SMS <u>14</u> @ <u>8.00</u> <u>42.00</u>
DISPLACEMENT <u>8 1/2 bbls 2% KCL</u>	<u>H</u> <u>225</u> sx @ <u>19.25</u> <u>4331.25</u>

EQUIPMENT

PUMP TRUCK # <u>360/265</u>	CEMENTER <u>Matt Thmesch</u>
BULK TRUCK # <u>363/20</u>	HELPER <u>Jason Thmesch</u>
BULK TRUCK #	DRIVER <u>Roth Ebn</u>
BULK TRUCK #	DRIVER

COMMON <u>24</u> sx @ <u>16.25</u> <u>390.00</u>
POZMIX <u>16</u> sx @ <u>8.50</u> <u>136.00</u>
GEL <u>2</u> sx @ <u>21.25</u> <u>42.50</u>
CHLORIDE @
ASC @
SMS <u>14</u> @ <u>8.00</u> <u>42.00</u>
<u>H</u> <u>225</u> sx @ <u>19.25</u> <u>4331.25</u>
<u>Kalsol</u> <u>1125</u> @ <u>-.89</u> <u>1001.25</u>
<u>SALT</u> <u>23</u> @ <u>12.00</u> <u>276.00</u>
<u>Clapro</u> <u>10</u> @ <u>31.25</u> <u>312.50</u>
HANDLING <u>314</u> @ <u>2.25</u> <u>706.50</u>
MILEAGE <u>314</u> @ <u>11/20</u> <u>690.80</u>
TOTAL <u>7928.50</u>

REMARKS:

BK sic pump ball through
pump 20 bbls 2% kcl pump 2 bbls H2O
pump 500 gal AS F pump 2 bbls H2O
MIX 15% for Rot hole MIX 25% scavenge cement
MIX 22.5 SX cement shut down
wash pump & lines Release plug
drop 8 1/2 bbls 2% KCL bump plus 700 psi to 1200 psi
pump 600 psi pump 8 1/2 bbls 2% kcl
bump plus to 1000 psi stop & drop to 600 shut in.

SERVICE

DEPTH OF JOB <u>5058'</u>
PUMP TRUCK CHARGE <u>2405.00</u>
EXTRA FOOTAGE @
MILEAGE <u>40</u> @ <u>7.00</u> <u>280.00</u>
MANIFOLD @
<u>Hazelton Rental</u> @ <u>200.00</u>
<u>Light Vehicle</u> <u>40</u> @ <u>4.00</u> <u>160.00</u>
TOTAL <u>3045.00</u>

CHARGE TO: R+B Oil + Gas
STREET _____
CITY _____ STATE _____ ZIP _____

To Allied Cementing Co., LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME TIM PIERCE
SIGNATURE Tim Pierce

PLUG & FLOAT EQUIPMENT

<u>4 1/2</u>	
1- Reg. guide shoe	<u>192.00</u>
1- APL insert @	<u>249.00</u>
10- centralizers @	<u>48.00</u> <u>480.00</u>
10- scratchers @	<u>118.00</u> <u>1180.00</u>
2- baskets @	<u>270.00</u> <u>540.00</u>
1- Port collar @	<u>2435.00</u>
1- Rubber plug	<u>71.00</u>
TOTAL <u>5197.00</u>	

SALES TAX (If Any) _____
TOTAL CHARGES 16,170.80
DISCOUNT 20% IF PAID IN 30 DAYS
NET 12,936.64