

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

FEB 11 2003

KCC WICHITA

Oper. License # 31191
 Name: R&B Oil & Gas
 Address: PO Box 195
 City/State/Zip: Attica, Kansas 67009-0195
 Purchaser: _____
 Operator Contact Person: Randy Newberry
 Phone: (620) 254-7251
 Contractor: Name: Duke Drilling Co., Inc.
 License: 5929
 Wellsite Geologist: Tim Pierce
 Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)
 Workover/Re-entry: Old Well Info as follows:
 Operator: _____
 Well Name: _____
 Original Comp. Date: _____ Original Total Depth: _____
 Opening Re-perf. Conv. to Enhr./SWD
 Plug Back Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

<u>12-09-02</u>	<u>12-15-02</u>	<u>12-31-02</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 077-21445-00-00
 County: Harper County, Kansas
NW NW SE Sec. 10 Twp. 31 S. R. 8 East West
2310 feet from S / N (circle one) Line of Section
2310 feet from E / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Muir "A" Well #: 2
 Field Name: Spivey-Grabs-Basil
 Producing Formation: Miss.
 Elevation: Ground: 1648' Kelly Bushing: 1656'
 Total Depth: 4525' Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 221 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 160 bbls
 Dewatering method used Hauled Off
 Location of fluid disposal if hauled offsite:
 Operator Name: Jody Oil & Gas
 Lease Name: Sanders A-3 License No.: 3288
 Quarter SW Sec. 20 Twp. 31 S. R. 8 East West
 County: Harper Docket No.: D-23-313

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.

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: Randy Newberry
 Title: President Date: 2-10-03

Witnessed and sworn to before me this 10 day of February, 2003

Notary Public: Jane Swingle
 My Commission Expires: 1-6-09

	JANE SWINGLE Notary Public - State of Kansas My Appt. Exp. <u>1-6-07</u>
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KCC Office Use ONLY

Letter of Confidentiality Attached

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

Operator Name: R&B Oil & Gas Lease Name: Muir "A" Well #: 2
 Sec. 10 Twp. 31 S. R. 8 East West County: Harper County, Kansas

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 copy of all Electric Wireline 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: <p style="text-align: center;">Compensated Neutron - Density Dual Induction</p>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Name</td> <td style="width:25%;">Top</td> <td style="width:25%;">Datum</td> </tr> <tr> <td>Miss.</td> <td>4406</td> <td>2750</td> </tr> </table>	Name	Top	Datum	Miss.	4406	2750
Name	Top	Datum					
Miss.	4406	2750					

CASING RECORD <input checked="" 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	# Sacjs Used	Type and Percent Additives
Surface	12-1/4"	8-5/8"	23#	221'	60/40 Poz	200	3%cc 2%gel
Production	7-7/8"	5-1/2"	14#	4522'	ASC	125	

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
2	4404 - 4414	500 gal 7-1/2% FE Acid Frac 25 sx 100 mesh 210 sx 12/20 40 sx 12/20 Super	

TUBING RECORD	Size <u>2-7/8</u>	Set At <u>4479</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumerd Production, SWD or Enhr. <u>1-4-03</u>	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil <u>10</u> Bbls.	Gas <u>125</u> Mcl	Water <u>150</u> Bbls.	Gas-Oil Ratio	Gravity <u>32</u>
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Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Sumit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Pert. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	