

## WELL COMPLETION FORM

## WELL HISTORY - DESCRIPTION OF WELL &amp; LEASE

COPY

Operator: 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: (316) 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  SIOW  Temp. Abd.  
 Gas  ENHR  SIGW  
 Dry  Other (Core, WSW, Expl., Cathodic, 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.  SWD  
 Plug Back  Plug Back Total Depth \_\_\_\_\_  
 Commingled  Docket No. \_\_\_\_\_  
 Dual Completion  Docket No. \_\_\_\_\_  
 Other (SWD or Enhr.?)  Docket No. \_\_\_\_\_

02-05-01 02-11-01 3-7-01  
 Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

 KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
APR 24 2001
API No. 15 - 077-21392-0000County: Harper County, Kansas

C-E/2 SE SE Sec. 18 Twp. 31 S. R. 8  East  West  
660 feet from (S) N (circle one) Line of Section  
330 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE  SE NW SW

Lease Name: Bertholf Well #: 2Field Name: Spivey-Grabs-BasilProducing Formation: MississippiElevation: Ground: 1647' Kelly Bushing: 1655'Total Depth: 4540' Plug Back Total Depth: \_\_\_\_\_Amount of Surface Pipe Set and Cemented at 231 FeetMultiple 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)

Drill fluid content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls

Circumferential method used Hauled off

Location of fluid disposal if hauled offsite:

Operator Name: Jody Oil & Gas, CorpLease Name: Sanders License No.: #3Quarter SW Sec. 20 Twp. 31 S. R. 8  East  WestCounty: Harper Docket No.: \_\_\_\_\_

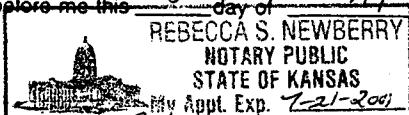
APR 24 2001

**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.

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: Randy Newberry Date: 4-23-01  
 Title: President

Subscribed and sworn to before me this 23rd day of April, 2001.



Notary Public: Rebecca S. Newberry Date Commission Expires: 7-21-2001

## KCC Office Use ONLY

Letter of Confidentiality

If Denied, Yes

Wireline Log Re.....

Geologist Report Received

UIC Distribution

Operator Name: **R&B Oil & Gas**Lease Name: **Bertholf**Well #: **2**Sec. **18** Twp. **31** S. R. **8** East  WestCounty: **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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mississippi	4418	2770
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run: <b>Dual Induction</b> <b>Dual Compensated Porosity</b> <b>Sonic Bond</b>				

<b>CASING RECORD</b> <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
<b>Surface</b>	<b>12-1/4"</b>	<b>8-5/8"</b>	<b>23#</b>	<b>231'</b>	<b>60/40 Poz</b>	<b>185</b>	<b>3%cc 2%gel</b>
<b>Production</b>	<b>7-7/8"</b>	<b>5-1/2"</b>	<b>14#</b>	<b>4537'</b>	<b>50/50 Poz</b>	<b>125</b>	<b>10%salt 2%gel</b>

<b>ADDITIONAL CEMENTING / SQUEEZE RECORD</b>							
Purpose:  — Perforate — Protect Casing — Plug Back TD — Plug Off Zone	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2	4426 to 4436	600 gal 10% DSFE	
		18,000# 100 mesh	
		33,000# 12/20	
		4,000# Acfrac	

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<b>2 7/8</b>	<b>4490</b>			

Date of First, Resumed Production, SWD or Enhr.	Producing Method	<input type="checkbox"/> Flowing	<input checked="" type="checkbox"/> Pumping	<input type="checkbox"/> Gas Lift	<input type="checkbox"/> Other (Explain)
<b>3-20-01</b>					

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	<b>13</b>	<b>160</b>	<b>200</b>	<b>12.3</b>	<b>32</b>

Disposition of Gas	METHOD OF COMPLETION			Production Interval
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<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"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled _____
	<input type="checkbox"/> Other (Specify) _____