

FORM MUST BE TYPED

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 31191

Name: R&B Oil & Gas, Inc.

Address P.O. Box 195

City/State/Zip Attica, Kansas 67009-0195

Purchaser: _____

Operator Contact Person: Randy Newberry

Phone (316) 254-7972

Contractor: Name: Duke Drilling Co., Inc.

License: 5929

Wellsite Geologist: _____

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover:

Operator: EXON, INC.

Well Name: Hospital Unit #1

Comp. Date 01-04-89 Old Total Depth 4600'

Deepening Re-perf. Conv. to Inj/SWD
Plug Back Docket No. PBT0
Commingled Docket No. _____
Dual Completion Docket No. _____
Other (SWD or Inj?) Docket No. _____

12-28-98 12-29-98 12-30-98

Spud Date Date Reached TD Completion Date

SIDE ONE

API NO. 15-007-22215 0001 0001

County Barber County, Kansas

COPY

C.N/2.S/2. Sec. 6 Twp. 33S Rge. 12 XXW

1980 Feet from NW (circle one) Line of Section

2640 Feet from SW (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE, SE, NW or SW (circle one)

Lease Name Hospital Unit OWWO Well # 1

Field Name Medicine Lodge-Boggs

Producing Formation Douglas

Elevation: Ground 1680 KB 1685

Total Depth 4024' PBTD 4600'

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 P+A 2-10-99 UC
(Data must be collected from the Reserve Pt.)

Chloride content _____ ppm Fluid volume 160 bbls

Dewatering method used Hauled off

Location of fluid disposal if hauled offsite:

Operator Name R & B OIL & GAS, INC.

Lease Name Williams License No. 31191

SE NW NW Quarter Sec. 32 Twp. 32 S Rng. 10 E

County Barber Docket No. D-22,516

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 on 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

Title President Date 2-2-99

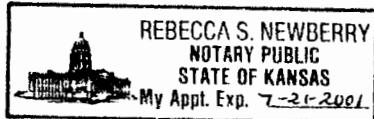
Subscribed and sworn to before me this 27th day of February, 19 99.

Notary Public Rebecca S. Newberry

Date Commission Expires 7-21-2001

K.C.C. OFFICE USE ONLY	
<input type="checkbox"/> F	Letter of Confidentiality Attached
<input type="checkbox"/> C	Wireline Log Received
<input type="checkbox"/> C	Geologist Report Received
Distribution	
<input checked="" type="checkbox"/> KCC	SWD/Rep
<input type="checkbox"/> KGS	Plug
<input checked="" type="checkbox"/> IS	NGPA (Specify)

Form ACO-1 (7-91)



Operator Name R&B Oil & Gas

SIDE TWO

Lease Name Hospital Unit OWWO Well # 1Sec. 6 Twp. 33 Rge. 12 East
 WestCounty Barber County, Kansas**COPY**

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken
(Attach Additional Sheets.) Yes No

Samples Sent to Geological Survey

 Yes No

Cores Taken

 Yes NoElectric Log Run
(Submit Copy.) Yes No

List All E.Logs Run:

 Log Formation (Top), Depth and Datums Sample

Name

Top

Datum

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		8-5/8"		262.23'			
Production	7-7/8"	4-1/2"	10.5#	4019'	ASC	100	

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 (Amount and Kind of Material Used) Depth
2	3861 to 3863	

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumed Production, SWD or Inj. Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours Oil Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio Gravity

Disposition of Gas: METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
 (If vented, submit ACO-1B.) Other (Specify) Dry - Plugged