

ORIGINAL

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form ACO-1
September 1999
Form Must Be Typed

Operator: License # 33297
Name: Rockin Bar Nothin Ranch Inc.
Address: 2339 Co. Rd. 2800
City/State/Zip: Independence, KS. 67301
Purchaser: CMI
Operator Contact Person: Brandon Owens
Phone: (620) 289-4782
Contractor: Name: Finney Drilling Company
License: 5989
Wellsite Geologist: Brandon Owens

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/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. _____

11-01-05 11-03-05 1-3-06
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 125-30875-00-00
County: Montgomery
N1/2 SW SE Sec. 14 Twp. 34 S. R. 14 East West
1140 feet from S N (circle one) Line of Section
1905 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Smothermon Well #: 16RBN
Field Name: Wayside/Havana
Producing Formation: Wayside
Elevation: Ground: 765' Kelly Bushing: _____
Total Depth: 656 Plug Back Total Depth: N/A
Amount of Surface Pipe Set and Cemented at 21.55 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 652.00
feet depth to surface w/ 85 sx cmt.

Drilling Fluid Management Plan ALT#2 KJR 5/18/07
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume 250 bbls
Dewatering method used evaporation
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter S Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____
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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: Brandon W. Owens
Title: president Date: 11/13/2005
Subscribed and sworn to before me this 24th day of February,
2006.
Notary Public: Leslie D. Littlepage
Date Commission Expires: 2-15-09

KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

NOTARY PUBLIC - State of Kansas
LESLIE D. LITTLEPAGE
My Appt. Expires 2-15-09

Operator Name: Rockin Bar Nothin Ranch Inc. Lease Name: Smothermon Well #: 16RBN
 Sec. 14 Twp. 34 S. R. 14 East West County: Montgomery

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 Yes No
 (Attach Additional Sheets)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy)
 List All E. Logs Run:

Log Formation (Top), Depth and Datum Sample
 Name Top Datum

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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	# Sacks Used	Type and Percent Additives
surface	12 1/4	7	19	21.55	I	10	SERVICE COMPANY
production	5 5/8	2 7/8	6.5	652.00	I	85	service company

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	10 shots @ 620' - 625'	ACID 300 gal 15%HCL 5 BALLS	
		SAND FRAC 31 SKS 20/40	
		SAND FRAC 50 SKS 12/20	
		225 BBLs 20 SALTWATER	

TUBING RECORD		Size	Set At	Packer At	Liner Run		
slim hole					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Date of First, Resumerd 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)				
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-18.) Other (Specify) _____



CONSOLIDATED
OIL WELL
SERVICES, INC.
 AN INFINITY COMPANY

REMIT TO
 Consolidated Oil Well Services, Inc.
 Dept. 1228
 Denver, CO 80256

MAIN OFFICE
 P.O. Box 884
 Chanute, KS 66720
 620/431-9210 • 1-800/467-8676
 FAX 620/431-0012

INVOICE

Invoice # 200840

Invoice Date: 11/14/2005 Terms:

Page 1

ROCKIN BAR NOTHIN RANCH INC
 2727 CR 2000
 P.O. BOX 395
 TYRO KS 67364
 (620)289-4782

RBN #16
 27208
 11/09/05
 14-34-14

Part Number	Description	Qty	Unit Price	Total
107	15% HCL	300.00	1.2500	375.00
208	BREAKER LEB4-ESA 14-GB10	.25	156.4000	39.10
231	FRAC GEL	200.00	4.3000	860.00
219	NON-IONIC NON EMUL	1.00	27.7500	27.75
244	CLAY STAY (CS-250)(ESA-5	1.00	31.0500	31.05
326	7/8" RUBBER BALL SEALERS	5.00	2.1500	10.75
101	20/40 BRADY SAND	31.00	13.2500	410.75
102	12/20 BRADY	50.00	15.3000	765.00

Description	Hours	Unit Price	Total
81 FRAC VAN	1.00	635.00	635.00
81 MILEAGE CHARGE (ONE WAY)	40.00	3.00	120.00
12 MILEAGE CHARGE (ONE WAY)	40.00	3.00	120.00
-35 WATER TRANSPORT (FRAC)	4.00	93.00	372.00
-56 WATER TRANSPORT (FRAC)	4.00	93.00	372.00
-75 BLENDER TRUCK	1.00	865.00	865.00
-80 MINIMUM PUMP CHARGE 2000 HP UNIT	1.00	1610.00	1610.00
21 MILEAGE CHARGE (ONE WAY)	40.00	3.00	120.00
VALVE FRAC VALVES (2" OR 3")	1.00	65.00	65.00
58 BULK SAND DELVIERY	1.00	260.00	260.00
BALLI BALL INJECTOR	1.00	86.00	86.00
-96 MINIMUM ACID SPOTTING CHARGE	1.00	440.00	440.00
-96 ACID DELIVERY	2.00	145.00	290.00

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*PK # 5413
 Thank you
 Suzanne
 SA/K
 Mgr*

Parts:	2519.40	Freight:	.00	Tax:	.57	AR	7874.97
Labor:	.00	Misc:	.00	Total:	7874.97		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____
 BARTLESVILLE, OK EUREKA, KS OTTAWA, KS GILLETTE, WY THAYER, KS



CONSOLIDATED
OIL WELL
SERVICES
AN INFINITY COMPANY

1530 S. SANTA FE, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

TICKET NUMBER 27208

LOCATION Barthesville

FIELD TICKET

DATE 11-9-05	CUSTOMER ACCT #	WELL NAME RON #16	QTR/GTR	SECTION 14	TWP 34S	RGE 14E	COUNTY MO	FORMATION Wayside
CHARGE TO <u>Rocking Bar Nothing</u>				OWNER				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5102	1 st well	PUMP CHARGE Frac Pump		1610. ⁰⁰
5106		Blender		865. ⁰⁰
5111		Frac Van		635. ⁰⁰
5302		Acid Spatter		440. ⁰⁰
5610	2 hrs	Acid Delivery		280. ⁰⁰
3107	300 Gal	15% HCL Acid		375. ⁰⁰
5115	1	Bell Injector		96. ⁰⁰
5604	1	3" Frac Valve		65. ⁰⁰
1208	1/4 Gal	Breaker		39. ¹⁰
1231	200 lbs	Frac Gel		860. ⁰⁰
1219	1 Gal	Non Emulsifier		27. ⁷⁵
1244	1 Gal	Clay @ 5% ₂		31. ⁰⁵
4326	5 ea	7/8" Bell Sealers		10. ⁷⁵
Paid CK # 5413				
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5109	Min	BLENDING & HANDLING TON-MILES 1 Truck		260. ⁰⁰
5108	120 miles	STAND BY TIME MILEAGE 3 units		360. ⁰⁰
5501 F	8 hrs	WATER TRANSPORTS 2x ea hrs VACUUM TRUCKS		744. ⁰⁰
2101	31 SKS	FRAC SAND 20/40		410. ⁷⁵
2102	50 SKS	1/80		765. ⁰⁰
CEMENT				
			M.G. 5.3%	SALES TAX
				57
				7874.97
				787.50
				7087.47
-10% Discount				ESTIMATED TOTAL

Revin 2790

200840

CUSTOMER or AGENTS SIGNATURE _____ CIS FOREMAN Lerald C. Williams

CUSTOMER or AGENT (PLEASE PRINT) _____ DATE _____

CONSOLIDATED OIL WELL SERVICES, INC.
 11 W. 14TH STREET, CHANUTE, KS 66720
 20-431-9210 OR 800-467-8676

TICKET NUMBER 34815
 FIELD TICKET REF # 27208
 LOCATION Bethesville
 FOREMAN Gerald

1st well

TREATMENT REPORT
 FRAC & ACID

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-9-05		BBN #16				M6

CUSTOMER Rocking Bar Nothing

MAILING ADDRESS

CITY STATE ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
421-T30	Danny	381	Rusty
412-T75	Kenny	410-T96	Gerald
444	Chad		
458	Ryan		
413-T35	Travis		
415-T56	Bruce		

WELL DATA

ASING SIZE <u>2 7/8</u>	TOTAL DEPTH
ASING WEIGHT	PLUG DEPTH
JBING SIZE	PACKER DEPTH
JBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>620-25 10 holes Wayside</u>	

TYPE OF TREATMENT
Acid & Balls & Sand Frac

CHEMICALS

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
Spot 506 gal 15% HCL Acid on test & Break					1031	BREAKDOWN 1031
250 Gal 15% HCL 5 Balls	5 Balls	4			675-1000	START PRESSURE 1900
1000 Gal 400 Flowed Balls off						END PRESSURE 1100
Pad	50	720			1900-1800	BALL OFF PRESS
20/40	2224	20	1/2	500	1800-1700	ROCK SALT PRESS
20/40	30	20	1/2-1	700	1700-1600	ISIP 450
29/40	30	20	1-1 1/2	1900	1600-1550	5 MIN
1 3/20	20	20	1 1/2-2		1550-1450	10 MIN
1 7/20	53	20	2-3	5000	1450-1250	15 MIN
Flushed	18	20			1100	MIN RATE 1
						MAX RATE 20
						DISPLACEMENT 3.6

REMARKS:
300 Gal 15% HCL Acid 5 Balls
225 bbls 20% salt water
31 5/8 29/40
50 5/8 1 7/20

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Prepared by: Consolidated Oil Well Services

Company Name: Rocking Bar Nothing

Well Name: R B N #16

Field: Sec.14-34S-14E

Formation: Wayside

County: CQ

State: KS

Job Date: 11/09/05

Comments: Frac Job

Perfs: 620-625'

10 shots

Fluids: 225 BBL H₂O 350 15% Hcl

Proppants: 3100 20/40 5000 12/20

Average Rate: 20

Average STP:

Tubing: 2 7/8"

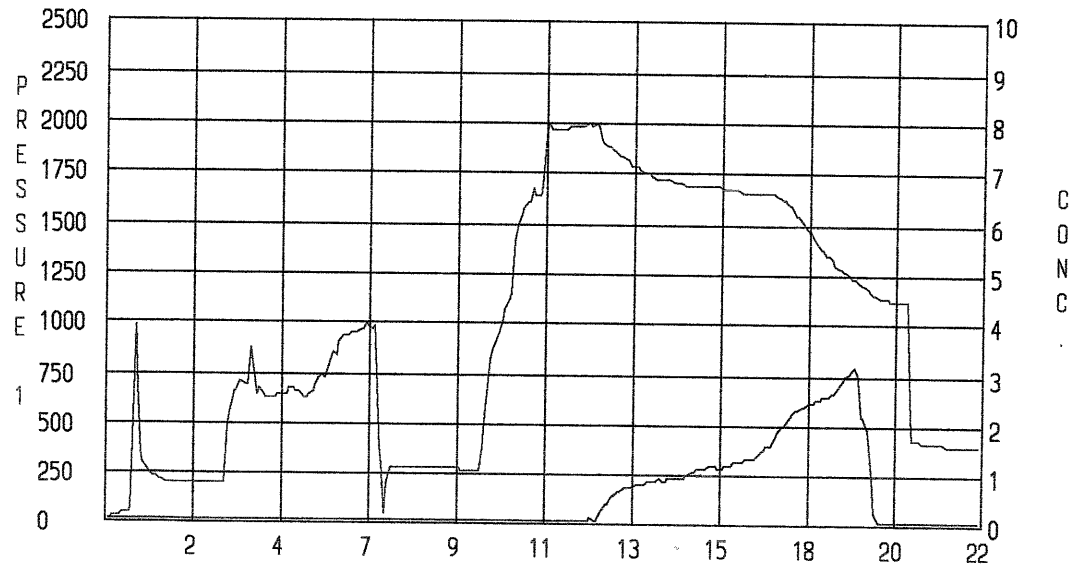
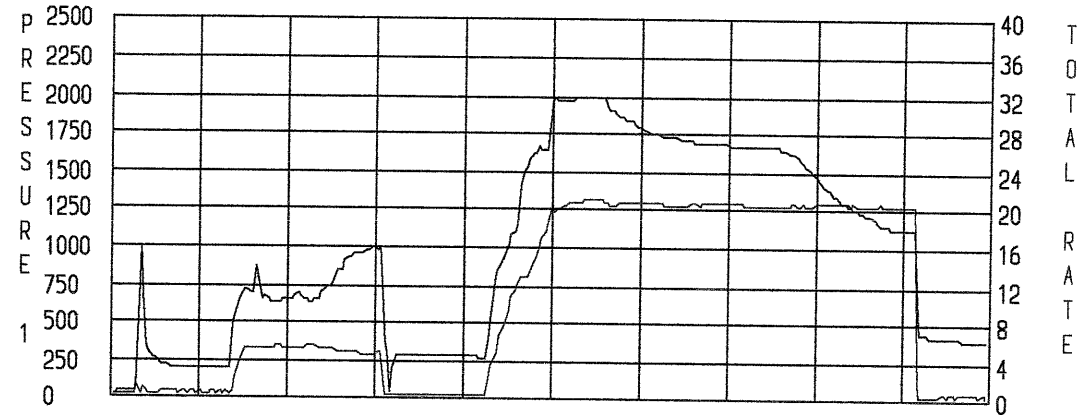
Casing:

Packer:

Filename: 05110403

Closure Pres: 4000

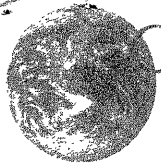
LINEAR PLOT



Elapsed Time (min), Start at 12:30:29

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CONSOLIDATED
OIL WELL
SERVICES, INC.
 AN INFINITY COMPANY

REMIT TO
 Consolidated Oil Well Services, Inc.
 Dept. 1228
 Denver, CO 80256

MAIN OFFICE
 P.O. Box 884
 Chanute, KS 66720
 620/431-9210 • 1-800/467-8676
 FAX 620/431-0012

VOICE
 Invoice Date: 11/08/2005 Terms: Invoice # 200690
 Page 1

ROCKIN BAR NOTHIN RANCH INC
 2727 CR 2000
 P.O. BOX 395
 TYRO KS 67364
 (620)289-4782

RBN #16
 5897
 11/3/05
 14-34-14

Item Number	Description	Qty	Unit Price	Total
04	CLASS "A" CEMENT	75.00	9.7500	731.25
10	GILSONITE (50#)	15.00	21.8500	327.75
11	GRANULATED SALT (50 #)	200.00	.2800	56.00
17	PREMIUM GEL / BENTONITE	5.00	6.6300	33.15
15	FLO-SEAL (25#)	1.00	42.7500	42.75
3	COTTONSEED HULLS	1.00	14.5000	14.50
2	CITY WATER	2500.00	.0122	30.50
	2 1/2" RUBBER PLUG	1.00	17.0000	17.00

Description	Hours	Unit Price	Total
CEMENT PUMP	1.00	765.00	765.00
EQUIPMENT MILEAGE (ONE WAY)	35.00	3.00	105.00
CASING FOOTAGE	656.00	.16	104.96
WATER TRANSPORT (CEMENT)	2.50	93.00	232.50
MIN. BULK DELIVERY	1.00	260.00	260.00

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*pd CK# 5408
 Thank you
 Suzanne A/R
 mgr.*

1252.90 Freight:
 .00 Misc:
 .00 supplies:
 .00 Tax:
 .00 Total:
 .00 Change:

66.42 AR
 2786.78
 .00

2786.78

SOLIDATED OIL WELL SERVICES, INC.
 11 W. 14TH STREET, CHANUTE, KS 66720
 20-431-9210 OR 800-467-8676

TICKET NUMBER **5897**

LOCATION
 FOREMAN Jeff Guba

**TREATMENT REPORT & FIELD TICKET
 CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
13-05		RON #16	14	34	14	MG
CUSTOMER Rockin Bar Nethin						
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
			419	Michael		
			460	Anthony		
			454/991	Jerry		
CITY			STATE			
			ZIP CODE			

WELL TYPE LS HOLE SIZE 5 1/2 HOLE DEPTH 664 CASING SIZE & WEIGHT 2 1/8
 CASING DEPTH 656 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.9 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 0
 DISPLACEMENT 3.8 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Ran gel/hulls ahead of H₂O + est circ. - pumped 75 to 10# 5% 2.2 1/4" w/hulls - shut down & checked out line & pump - dropped plug - displaced to bottom of set - shut in w/300# per customer instructions

Ran w/c to check depth

Circ. cont. to surface

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ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		765.00
5406	35 m	MILEAGE		105.00
5407	min	Buck Trk		260.00
501c	2 1/2 hr	Transport		232.50
1104	75 sk	Cement		931.25
1110	15 sk	GILSONITE		327.75
1111	200 #	S&C		56.00
1118B	5 sk	GEL-50 #		33.15
1107	1 sk	Flo Seal		42.75
1105	1 sk	Hulls		14.50
1123	2500 Gr	City H ₂ O		30.50
5402	1 ea	2 1/2 Rubber plug		17.00
5402	656	FOOTAGE		104.96

KCC WICHITA

200690
2508.08
 SALES TAX 66.40
 ESTIMATED TOTAL 2786.78

AUTHORIZATION _____ TITLE _____ DATE _____

CORNISH WIRELINE SERVICES, INC.

P.O. DRAWER H • CHANUTE, KANSAS 66720

620-431-9308

INVOICE

SOLD TO:

**ROCKIN BAR RANCH, INC.
P.O. BOX 395
TYRO, KANSAS 67364**

Date of Invoice 11-11-05

Invoice # 10367

PLEASE RETURN ONE COPY
INVOICE WITH PAYMENT.

DATE OF SERVICE	TYPE OF SERVICE	AMOUNT
1-7-05	SMOTHERMON NO. 16RBN MONTGOMERY COUNTY, KANSAS	
	GAMMA RAY/NEUTRON	\$ 300.0
	PERFORATE WITH 2" DML-RTG	580.0
	11 SHOTS 619'-624'	
	11 SHOTS \$22.00 EACH	242.0
	AMOUNT THIS INVOICE _____	\$ 1122.0
	THANK YOU. WE APPRECIATE YOUR BUSINESS!!	
	TERMS: All invoices are due in full 30 days after invoice date. A FINANCE CHARGE of 1 ³ / ₄ % (21% per annum) will be assessed after 30 days.	

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