

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 31191
Name: R & B OIL & GAS, INC.
Address 1: PO Box 195
Address 2: _____
City: Attica State: KS Zip: 67009 + _____
Contact Person: Randy Newberry
Phone: (620) 254-7251
CONTRACTOR: License # 33902
Name: Hardt Drilling, LLC
Wellsite Geologist: Tim Pierce
Purchaser: _____
Designate Type of Completion:
 New Well _____ Re-Entry _____ Workover
 Oil _____ SWD _____ SIOW
 Gas _____ ENHR _____ SIGW
_____ CM (Coal Bed Methane) _____ Temp. Abd.
_____ 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. _____ Conv. to SWD
_____ Plug Back: _____ Plug Back Total Depth
_____ Commingled _____ Docket No.: _____
_____ Dual Completion _____ Docket No.: _____
_____ Other (SWD or Enhr.?) _____ Docket No.: _____

<u>7-31-08</u>	<u>8-01-08</u>	<u>8-25-08</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 007-20840-00-02
Spot Description: _____
_____ - NE - SE Sec. 11 Twp. 32 S. R. 10 East West
1980 Feet from North / South Line of Section
660 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Barber
Lease Name: Schreiner Well #: C1 "OWWO"
Field Name: Sharon NE
Producing Formation: Mississippi
Elevation: Ground: 1504' Kelly Bushing: 1516'
Total Depth: 4597 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 250 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 OWWO - AIT I NCR
(Data must be collected from the Reserve Pit) 3-25-09
Chloride content: _____ ppm Fluid volume: 480 bbls
Dewatering method used: Hauled off
Location of fluid disposal if hauled offsite: _____
Operator Name: Jody Oil & Gas Corp.
Lease Name: Sanders 3A License No.: 3288
Quarter SW Sec. 20 Twp. 31 S. R. 8 East West
County: Harper Docket No.: 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.

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: [Signature]
Title: Vice-President Date: 12-15-08
Subscribed and sworn to before me this 15th day of December,
20 08.
Notary Public: [Signature]
Date Commission Expires: 1-6-2011

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

RECEIVED
KANSAS CORPORATION COMMISSION
DEC 16 2008
CONSERVATION DIVISION
WICHITA, KS

JANE SWINGLE
Notary Public - State of Kansas
My Appt. Exp. 1-6-2011

Operator Name: R & B OIL & GAS, INC. Lease Name: Schreiner Well #: C1 "OWWO"
 Sec. 11 Twp. 32 S. R. 10 East West County: Barber

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 (Attach Additional Sheets) 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 (Submit Copy) List All E. Logs Run: <p style="font-size: 1.2em; margin-left: 20px;">Sector Bond / Gamma Ray</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:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Mississippi</td> <td>4361</td> <td>(-2845)</td> </tr> </table>	Name	Top	Datum	Mississippi	4361	(-2845)
Name	Top	Datum					
Mississippi	4361	(-2845)					

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
Old Surface	12 1/4"	8 5/8"		250			
Production	7 7/8"	5 1/2"	14#	4597'	60/40 & Class H 25 & 175		

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 (Amount and Kind of Material Used)	Depth
4	4430-4460	1000 gal 15% MCA 2000 gal NE-FE Frac 873 sxs 20/40 sand 113 sxs CRC sand	

TUBING RECORD: Size: <u>2 7/8</u> Set At: <u>4386</u> Packer At:		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr. <u>8-27-08</u>		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. <u>0</u>	Gas Mcf <u>0</u>	Water Bbls. <u>250</u> Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

RECEIVED
WICHITA CORPORATION COMMISSION

DEC 16 2008

CONSERVATION DIVISION
WICHITA, KS

ALLIED CEMENTING CO., LLC. 34229

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

SERVICE POINT:
Medicine Lodge, KS

DATE <i>8-1-09</i>	SEC. <i>11</i>	TWP. <i>32S</i>	RANGE <i>10W</i>	CALLED OUT <i>12:30 PM</i>	ON LOCATION <i>2:00 PM</i>	JOB START <i>9:30 AM</i>	JOB FINISH <i>10:30 AM</i>
LEASE <i>Schreiner "C"</i>		WELL # <i>1-0000</i>		LOCATION <i>Sharon, KS, 3E, 1N, 210W, N</i>		COUNTY <i>Barber</i>	STATE <i>KS</i>
OLD OR NEW (Circle one) <i>NEW</i>				FNTD			

CONTRACTOR *Hardt #1*
 TYPE OF JOB *Production casing*
 HOLE SIZE *7 1/2"* T.D. *4,795'*
 CASING SIZE *5 1/2"* 14" DEPTH *4,597'*
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX *1,500#* MINIMUM *100#*
 MEAS. LINE _____ SHOE JOINT *43.26'*
 CEMENT LEFT IN CSG. *43.26'*
 PERFS. _____
 DISPLACEMENT *11 1/2 Bbl 2% KCL water*

OWNER *R+B Oil + Gas*
 CEMENT
 AMOUNT ORDERED *45 SK 60:40:4 + 4% SMS, 175 SK CLASS H + 10% SALT + 5# KOLSEAL/SK, 14 GAL clapro, 500 GAL ASF*
 COMMON *27 A @ 15.45 417.15*
 POZMIX *18 @ 8.00 144.00*
 GEL *2 @ 20.80 41.60*
 CHLORIDE _____ @ _____
 ASC _____ @ _____
Sodium Metasilicate 15# @ 2.45 36.75
175 H @ 16.75 2931.25
Salt 19 @ 12.00 228.00
KOLSEAL 875# @ .89 778.75
ASF 500 gal @ 1.27 635.00
Clapro 14 gal @ 31.25 437.50
 HANDLING *259 @ 2.40 621.60*
 MILEAGE *14 x 259 x .10 362.60*
 TOTAL *6634.20*

REMARKS:

*Pipe on bottom, break circulation, Pump Pre-Flush
 - 3 Bbl Fresh, 20 Bbl 2% KCL, 3 Bbl Fresh, 500 GAL ASF,
 3 Bbl Fresh, Plug Rat w/ 20 SK 60:40:4 + 4% SMS Pump
 Production - 25 SK 60:40:4 + 4% SMS, 175 SK CLASS H +
 10% SALT + 5# KOLSEAL/SK, stop pumps, wash pump +
 lines, Release Plug, start Displacement, seal w/ t,
 slow rate, Pump Plug, float down to the hole
 Displaced w/ 11 1/2 Bbl 2% KCL Thank you
 Pressured up to 1,000# + shut in*

SERVICE

DEPTH OF JOB *4,597'*
 PUMP TRUCK CHARGE _____ *2185.00*
 EXTRA FOOTAGE _____ @ _____
 MILEAGE *14 @ 7.00 98.00*
 MANIFOLD _____ @ _____
 Head Rental *1 @ 113.00 113.00*
 TOTAL *2396.00*

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

5 1/2" PLUG & FLOAT EQUIPMENT

TOP Rubber Plug 1 @ 74.00 74.00
Guide shoe 1 @ 192.00 192.00
AFU Insert 1 @ 293.00 293.00
Centralizers 4 @ 57.00 228.00
Reciprocating Scratchers 10 @ 74.00 740.00
 TOTAL *1527.00*

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 *X Tim Pierce*
 SIGNATURE *X Tim Pierce*

SALES TAX (If Any) _____
 TOTAL CHARGES ~~6634.20~~
 DISCOUNT ~~_____~~ IF PAID IN 30 DAYS

ANY APPLICABLE TAX
 WILL BE CHARGED
 UPON INVOICING

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 KANSAS CORPORATION COMMISSION
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 CONSERVATION DIVISION
 WICHITA, KS