

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

2/10/09

OPERATOR: License # 32145

Name: Tom Baugher *B+ B OIL RECOVERY, GP*

Address 1: 27914NE2250RD

Address 2: _____

City: Greeley State: ks Zip: 66033 + _____

Contact Person: Tom Baugher

Phone: (785) 867-2413

CONTRACTOR: License # 33734

Name: hat drilling, llc

Wellsite Geologist: _____

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.: _____

11-24-08 11-25-08 11-25-08

Spud Date or _____ Date Reached TD _____ Completion Date or _____
Recompletion Date _____ Recompletion Date _____

API No. 15 - 003-24596-0000

Spot Description: _____

ne ne ne ne Sec. 17 Twp. 21 S. R. 20 East West

5115 Feet from North / South Line of Section

166 165 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE
- NW
- SE
- SW

County: anderson

Lease Name: Kirk Well #: B-3

Field Name: bushcityshoestring

Producing Formation: squirrel

Elevation: Ground: n/a 1100 Kelly Bushing: _____

Total Depth: 880 Plug Back Total Depth: 870

Amount of Surface Pipe Set and Cemented at: 20 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 AIT II NCR 3-9-09
(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License No.: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Docket No.: _____

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: Tom Baugher

Title: operator Date: 1/29/09

Subscribed and sworn to before me this 29 day of January

20 09

Notary Public: Dena McDaniel

Date Commission Expires: 04-26-2009



Dena McDaniel
Notary Public - State of Kansas

My appt. expires 04-26-2009

KCC Office Use ONLY

Letter of Confidentiality Received

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

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KANSAS CORPORATION COMMISSION
FEB 06 2009

Operator Name: Tom Baugher Lease Name: Kirk Well #: B-3
 Sec. 17 Twp. 21 S. R. 20 East West County: anderson

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: GAMMA RAY / NEUTRON / ELL

Log Formation (Top), Depth and Datum Sample

Name Top Datum

See Attach Logs

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*KCC
2/27/09*

CASING RECORD New 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
<i>SURF.</i>	12.25	8.625		20.0	portland	6	
<i>PROD</i>	5.625	2.875		871	portland	129	2% gel.

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
2	770.0-790.0 42perfs		

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CONSERVATION DIVISION
WICHITA, KS

TUBING RECORD: Size: 2.875 Set At: 871 Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or Enhr. n/a Producing Method: Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours: Oil n/a Bbls. Gas 0 Mcf Water _____ Bbls. Gas-Oil Ratio _____ Gravity n/a

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input 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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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 19861
LOCATION Ottawa KS
FOREMAN Fred Mader

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/10/08	3160	Kirk #B-3	17	21	20	AN
CUSTOMER B+B Oil Recovery			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 27914 NE 225 RD			506	Fred		
CITY STATE ZIP CODE Greeley KS 66033			495	Casey		
			369	Gary		
			510	Gerid		

JOB TYPE Long string HOLE SIZE 5 5/8 HOLE DEPTH 880 CASING SIZE & WEIGHT 2 1/2 EUE
 CASING DEPTH 0 571 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2 Plug
 DISPLACEMENT 5.1 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Check casing depth w/ wire line. Mix + Pump 100# Premium Gel Flush. Mix + Pump 129 sks 50/50 Por Mix Cement 2 1/2 Gel Cement to surface. Flush pump + lines clean Displace 2 1/2 Rubber Plug to casing TD w/ 5.1 BBLs Fresh water pressure to 700 # PSI. Release pressure to set float valve.

Fred Mader

Hat Drilling

ACCOUNT CODE	QUANTITY of UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE <u>Cement Pump</u>		925
5406	25 mi	MILEAGE <u>Pump Truck</u>		91
5407	Minimum	<u>Ton Mileage</u>		315
5502C	2 hrs	<u>80 BBL Vac Truck</u>		200
1124	127 sks	<u>50/50 Por Mix Cement</u>		1238
1118B	317 #	<u>Premium Gel</u>		538
4402	1	<u>2 1/2 Rubber Plug</u>		23
<u>Sub Total</u>				<u>2846</u>
<u>Tax @ 6.3%</u>				
SALES TAX				89.45
ESTIMATED TOTAL				2935

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CONSERVATION DIVISION
WICHITA, KS

Revin 3737

AUTHORIZATION Jon Bonds
Received Time Nov. 13. 2008 10:23AM No. 6823

TITLE 227374

DATE _____