

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & 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: (620) 254-7972
Contractor: Name: Duke Drilling Co., Inc.
License: 5929
Wellsite Geologist: Tim Pierce

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. _____

07-03-08 07-10-08 7-28-08
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 007-23310-00-00
County: Barber County, Kansas
SE SE NE Sec. 5 Twp. 33 S. R. 10 East West
2970 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: Traffas B* Well #: 8
Field Name: Traffas South

Producing Formation: Mississippi
Elevation: Ground: 1521' Kelly Bushing: 1529'
Total Depth: 4757' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 263 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 AH I NR 3-27-09
(Data must be collected from the Reserve Pit)

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

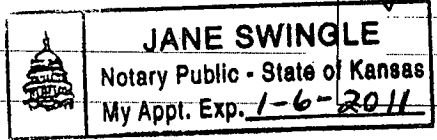
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side 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: Jane Swingle
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

Operator Name: R&B Oil & Gas, Inc. Lease Name: Traffas "B" Well #: 8
 Sec. 5 Twp. 33 S. R. 10 East West County: Barber 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 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
Mississippi 4518 (-2989)

Dual Induction Log
 Dual Compensated Porosity Log

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"	8-5/8"	28#	263'	60/40 Poz	195	3%cc 2%gel
Production	7-7/8"	5-1/2"	14#	4754'	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
2	4522-4534	2700 15% MCA	
2	4548-4570	Frac 506 sxs 20/40	
2	4580-4600	Sand- 100 sxs CRC sand	

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 7/8	4483		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		Producing Method			
7-30-08		<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
	8	250	350		

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) _____

ALLIED CEMENTING CO., LLC. 31254

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

SERVICE POINT:
Medicine Lodge

DATE <u>7-11-08</u>	SEC. <u>5</u>	TWP. <u>33S</u>	RANGE <u>10W</u>	CALLED OUT <u>3:00 am</u>	ON LOCATION <u>3:30am</u>	JOB START <u>9:00am</u>	JOB FINISH <u>10:00 am</u>
LEASE <u>TRAFFAS</u>				WELL # <u>0-8</u>		LOCATION <u>SHAWAN, KS WEST SIDE,</u>	COUNTY <u>SARSEN</u> STATE <u>KS</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)				<u>3 SOUTH, WINTO</u>			

CONTRACTOR DUKE 2

TYPE OF JOB PRODUCTION CASING

HOLE SIZE 7 7/8" T.D. 4,757'

CASING SIZE 5 1/2" DEPTH 4,756'

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2" DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 1,200 MINIMUM 100

MEAS. LINE _____ SHOE JOINT 42.85'

CEMENT LEFT IN CSG. 42.85'

PERFS. _____

DISPLACEMENT 116 3/4 bbl. 290 KCL WATER

OWNER R+B OIL & GAS

CEMENT

AMOUNT ORDERED 50 SK 60140147.42 SHS,
175 SK CLASS H + 10% SALT + 5# KOL-SEAL,
14 GAL CLAPRO, 500 GAL ASF

COMMON	<u>30 A</u>	@ <u>15.45</u>	<u>463.50</u>
POZMIX	<u>20</u>	@ <u>8.00</u>	<u>160.00</u>
GEL	<u>2</u>	@ <u>20.80</u>	<u>41.60</u>
CHLORIDE		@	
ASC		@	
	<u>175 H</u>	@ <u>16.75</u>	<u>2931.25</u>
	<u>SALT 19</u>	@ <u>12.00</u>	<u>228.00</u>
	<u>KOL SEAL 875</u>	@ <u>.89</u>	<u>778.25</u>
	<u>ASF 500 gal</u>	@ <u>1.27</u>	<u>635.00</u>
	<u>Sodium Metasilicate 17</u>	@ <u>2.45</u>	<u>41.65</u>
	<u>CLAPRO 14 gal</u>	@ <u>31.25</u>	<u>437.50</u>
		@	
		@	
HANDLING	<u>264</u>	@ <u>2.40</u>	<u>633.60</u>
MILEAGE	<u>10 x 264 x 10</u>		<u>312.00</u>
	<u>M. n chrg</u>		<u>TOTAL 6662.85</u>

EQUIPMENT

PUMP TRUCK CEMENTER BILL M.

360 HELPER RAYMOND R.

BULK TRUCK

368 DRIVER DONALD H.

BULK TRUCK

_____ DRIVER _____

REMARKS:

PIPE ON BOTTOM, BREAK CIRCULATION,
PUMP PLE-FINISH, PLUG RATE & MOUNT HOLES
WITH 25 SK 60140147.42 SHS, PUMP
SCAMERON 25 SK 60140147.42 SHS,
PRODUCTION - 175 SK CLASS H + 10% SALT +
5# KOL-SEAL, STOP PUMP, WASH PLUG & LINES,
REMOVE PLUG, START DISPLACEMENT, SEE
LIFT, SLOW RATE, BUMP PLUG, FLOAT HELD
DISPLACED WITH 116 3/4 bbl. 290 KCL WATER

CHARGE TO: R+B OIL & GAS

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB 4,756'

PUMP TRUCK CHARGE 2185.00

EXTRA FOOTAGE @ _____

MILEAGE 10 @ 7.00 70.00

MANIFOLD HEAD ROVT @ 113.00 113.00

@ _____

@ _____

TOTAL 2368.00

PLUG & FLOAT EQUIPMENT

<u>5 1/2" Rubber Plug</u>	<u>1</u>	@ <u>74.00</u>	<u>74.00</u>
<u>5 1/2" Guide Shoe</u>	<u>1</u>	@ <u>192.00</u>	<u>192.00</u>
<u>5 1/2" API Insert</u>	<u>1</u>	@ <u>293.00</u>	<u>293.00</u>
<u>5 1/2" Centralizer</u>	<u>5</u>	@ <u>57.00</u>	<u>285.00</u>
<u>5 1/2" RUCIA Scamaron</u>	<u>15</u>	@ <u>74.00</u>	<u>1110.00</u>
			<u>TOTAL 1954.00</u>

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 TIM PIERCE

SIGNATURE Tim Pierce

SALES TAX (If Any) _____

TOTAL CHARGES 2368.00

DISCOUNT 0.00 IF PAID IN 30 DAYS

RECEIVED
ANY APPLICABLE STATE CORPORATION COMMISSION
WILL BE CHARGED
UPON INVOICING **DEC 16 2008**