



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1083147  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed  
Form must be Signed  
All blanks must be Filled

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Purchaser: \_\_\_\_\_

Designate Type of Completion:

- New Well       Re-Entry       Workover
- Oil       WSW       SWD       SIOW
- Gas       D&A       ENHR       SIGW
- OG       GSW       Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic       Other (Core, Expl., 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       Conv. to GSW       Conv. to Producer
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE       NW       SE       SW

GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx)      (e.g. -xxx.xxxxx)

Datum:  NAD27       NAD83       WGS84

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Vertical Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

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

(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 #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Permit #: \_\_\_\_\_

AFFIDAVIT

I am the affiant and I hereby certify that 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.

Submitted Electronically

KCC Office Use ONLY

- Confidentiality Requested  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

1083147

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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

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				

Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?  Yes  No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR: \_\_\_\_\_ Producing Method:  Flowing  Pumping  Gas Lift  Other *(Explain)* \_\_\_\_\_

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Mark Sievers, Chairman  
Ward Loyd, Commissioner  
Thomas E. Wright, Commissioner

Sam Brownback, Governor

June 04, 2012

John Niernberger  
Ritchie Exploration, Inc.  
8100 E 22ND ST N # 700  
BOX 783188  
WICHITA, KS 67278-3188

Re: ACO1  
API 15-063-21969-00-00  
Phillips Trust 18C 1  
SW/4 Sec.18-13S-31W  
Gove County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,  
John Niernberger





**#1 Phillips Trust 18C**  
2215' FSL & 780' FWL  
95'S & 120'E of N/2 NW SW Section 18-13S-31W  
Gove County, Kansas  
API# 15-063-21969-0000  
Elevation: 2956' GL, 2966' KB

### DRILLING REPORT

Sample Tops			Ref. Well
Anhydrite	2465'	+525	+1
B/Anhydrite	2485'	+503	+1
Heebner	3964'	-986	+4
Lansing	4003'	-1037	+8
Muncie Shale	4150'	-1184	+12
Stark Shale	4236'	-1270	+10
Hush	4272'	-1306	+11
BKC	4306'	-1340	+13
Altamont	4346'	-1380	+12
Pawnee	4435'	-1469	+13
Myrick	4470'	-1504	+16
Fort Scott	4486'	-1520	+17
Cherokee Shale	4514'	-1548	+18
Johnson	4558'	-1592	+13
Morrow Sand	4594'	-1628	+12
Mississippian	4612'	-1646	+14
RTD	4725'	-1759	



**CONSOLIDATED**  
Oil Well Services, LLC



TICKET NUMBER 33917  
LOCATION Oakley  
FOREMAN Fuzzly

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT**

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
2-19-12	7173	Phillips Trust C-#1	18	31	21	Goose	
CUSTOMER Rivative Exploration		OAKLEY		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS		125 OAKLEY		463	Corey D		
CITY		STATE		ZIP CODE			
				528	Corey R		
					Bobby S		

JOB TYPE Production HOLE SIZE 7 7/8 HOLE DEPTH 4725' CASING SIZE & WEIGHT 5 1/2 15.5 #  
 CASING DEPTH 4723' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER P-Collar - 2440  
 SLURRY WEIGHT 14.0 SLURRY VOL 1.36 WATER gal/sk 6.5 CEMENT LEFT in CASING 22'  
 DISPLACEMENT 111.8 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: SUBST. meetings on Murkin #14. Rig up and circulate 30 min  
Pump 5 BBL water, 500 gal mud flush, 5 BBL water, mix 20 SKS MN  
30 SKS RH. Mix 22 SKS down 5 1/2 casing, wash pump & lines  
Drop plug and displace 113 BBL. 900' lift, 1400' land, float hold

Float Equip Turbolizers, shoe, 3, 6, 8, 10, 13, 16, 22, 54  
Baskets - Bottom - 11, 53, 70, 80, 93  
P-Collar #53 @ 2440' Thanks Fuzzly crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401c	1	PUMP CHARGE	3020 <sup>00</sup>	3020 <sup>00</sup>
5406	10	MILEAGE	5 <sup>00</sup>	50 <sup>00</sup>
5407A	12.9 ton	Ton Mileage Delivery (min)	410 <sup>00</sup>	410 <sup>00</sup>
1126	275 SKS	OWC	22 <sup>52</sup>	6201 <sup>25</sup>
1110A	1375 #	Kol-seal	156	770 <sup>00</sup>
1137	65 #	CDI-26	969	629 <sup>85</sup>
1144G	500 gal	Mud Flush	1 <sup>00</sup>	500 <sup>00</sup>
4203	1	5 1/2 - Guide shoe	193 <sup>00</sup>	193 <sup>00</sup>
4228	1	5 1/2 - ATFU Insert	152 <sup>00</sup>	152 <sup>00</sup>
4136	9	5 1/2 - Turbolizers	72 <sup>00</sup>	648 <sup>00</sup>
4104	5	5 1/2 - BASKETS (w)	276 <sup>00</sup>	1380 <sup>00</sup>
4285	1	5 1/2 - Port Collar (IR)	2075 <sup>00</sup>	2075 <sup>00</sup>
4407	1	5 1/2 - Rubber Plug	88 <sup>00</sup>	88 <sup>00</sup>
		subtotal		16117 <sup>10</sup>
		less 1090 discount		1611 <sup>21</sup>
				14505 <sup>35</sup>
			SALES TAX	915 <sup>56</sup>
			ESTIMATED TOTAL	15420 <sup>95</sup>

Ravin 3737

AUTHORIZATION Jalton King TITLE \_\_\_\_\_ DATE \_\_\_\_\_

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

*Handwritten initials*



**CONSOLIDATED**  
Oil Well Services, LLC



TICKET NUMBER 33919  
LOCATION Oakley  
FOREMAN Fuzzly

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT**

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-22-12	7173	Phillips Trough C-1	18	31	21	Gove
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Ritche Exploration			463	Cory D		
MAILING ADDRESS			466	Cody R		
CITY						
STATE						
ZIP CODE						

18  
S. 5th  
Rd  
14  
15  
14  
N.W.

JOB TYPE Port Collar HOLE SIZE \_\_\_\_\_ HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT 8 1/2 15.5  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING Port Collar OTHER 2440'  
 SLURRY WEIGHT 12.8 SLURRY VOL 1.6 WATER gal/sk 8.6 CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 9.5 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting on Express Well Service. Rig up and test closed tool 1200'. Open tool establish circulation. Mix 325 SKS 60/40 60 gal 14' closed. Displace 9.5 BBL. Close Tool Press to 1200'. Wash pump + lines. Run 5 JTS Reverse 40s clean with 25 BBL. Cement did circulate approx 10 BBL to pit

mixed 200# hulls with cement

THANKS FUZZY  
+ CREW

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401B	1	PUMP CHARGE	1695.00	1695.00
5406	10	MILEAGE	5.00	50.00
5407	14 ton	Ton mileage Delivery (min)	410.00	410.00
1131	325 SKS	60/40 pos	15.10	4907.50
1188	1677#	Bentonite	.25	419.25
1107	81#	Flow-sol	2.82	228.42
2105	200#	hulls	.55	110.00
		subtotal		7820.17
		less 10% disc		782.01
		subtotal		7038.16
		247984	SALES TAX	410.45
			ESTIMATED TOTAL	7448.61

Ravin 3737

AUTHORIZATION [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

[Signature]

