



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1086347
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: _____

1086347

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

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <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> _____	PRODUCTION INTERVAL: _____ _____
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Max R. Lowrey

GEOLOGIST'S REPORT

15-003-2013 DRILLING TIME AND SAMPLE LOG

COMPANY: Pacific Exploration, Inc.
LEAVE: Earl Smith
FIELD: Winfield
LOC: NW 35E
SEC: 36
TWP: 17
RANGE: 35W
COUNTY: Winfield
STATE: KS
CONTRACT NO: 140112
DATE: 3-19-2012
LTD: 5034
MUD: 3-31-2012
MUD: 5034
MUD: 3935

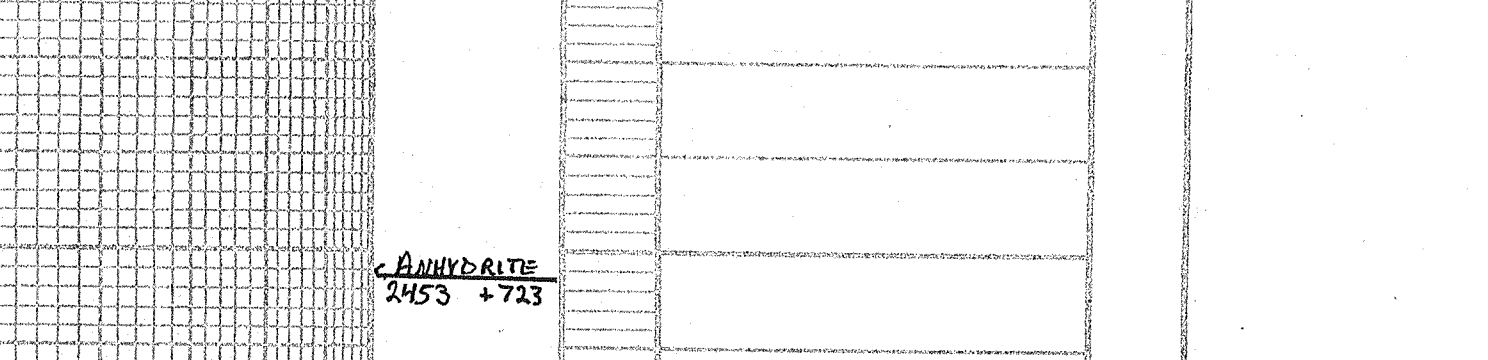
FORMATION TOPS AND STRUCTURAL POSITION
FORMATION TOPS AND STRUCTURAL POSITION
FORMATION TOPS AND STRUCTURAL POSITION

Table with columns: Lithology, Depth, and other geological data.

REMARKS: POSITIVE DST'S IN THE LANSING I, ALTAMONT, AND PAWNEE CAUSED THE #1 EARL SMITH TO HAVE PRODUCTION CASING SET.

Respectfully Submitted
Earl Smith

LEGEND



Main data table with columns: DRILLING TIME IN MINUTES PER FOOT, DEPTH, LITHOLOGY, SAMPLE DESCRIPTIONS, OIL SHOWS, and REMARKS. Includes detailed geological descriptions and depth markers.

7:AM 3-31-12
CF# 5035'



#1 Earl Smith
930' FSL & 1000' FEL
60' S & 10' W of NW SE SE Section 36-17S-35W
Wichita County, Kansas
API# 15-203-20173-0000
Elevation: 3165' GL, 3176' KB

Sample Tops			Ref. Well
Anhydrite	2456'	+720	+6
B/Anhydrite	2476'	+700	+6
Stotler	3646'	-470	-9
Heebner	4040'	-864	-19
Lansing	4084'	-908	-17
Muncie Shale	4264'	-1088	-9
Stark Shale	4377'	-1201	-15
Hush	4418'	-1242	-12
BKC	4468'	-1292	-18
Pleasanton	4475'	-1299	-17
Marmaton	4506'	-1330	-22
Altamont	4529'	-1353	-15
Pawnee	4620'	-1444	-13
Fort Scott	4659'	-1483	-11
Cherokee	4686'	-1510	-15
Johnson	4800'	-1624	-14
B/Johnson	4834'	-1658	-15
Morrow	4840'	-1664	-14
Mississippian	4954'	-1778	-20
RTD	5035'	-1859	

ALLIED CEMENTING CO., LLC. 040943

Federal Tax I.D.# 20-5976804

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

SERVICE POINT

Oakley

3-19-12	SEC 36	TWP 17	RANGE 35	CALLED OUT	ON LOCATION 5:00 Pm	JOB START 8:00 Pm	JOB FINISH 8:35 Pm
ATE Carl Smith	WELL# #1		LOCATION Scott City, 12W-3N- Winto		COUNTY Wichita	STATE K6.	
BASB	OLD OR NEW (Circle one)						

CONTRACTOR <i>Macfin #2</i>	OWNER <i>Same</i>
TYPE OF JOB <i>Surface</i>	CEMENT
BOLE SIZE <i>12 1/4</i>	T.D. <i>257</i>
ASING SIZE <i>8 5/8</i>	DEPTH <i>257</i>
UBING SIZE	DEPTH
DRILL PIPE	DEPTH
COL	DEPTH
RES. MAX	MINIMUM
FEAS. LINE	SHOE JOINT
EMBENT LEFT IN CSG. <i>15 FT</i>	
BRFS.	
DISPLACEMENT <i>15.42</i>	

EQUIPMENT

PUMP TRUCK	CEMENTER <i>Darren R.</i>
<i>482</i>	HELPER <i>Tyler</i>
ULK TRUCK	
<i>347</i>	DRIVER <i>Brandon</i>
ULK TRUCK	
	DRIVER

REMARKS:

*mix 175 SKs Cement
Displace with water
cement did circulate*

COMMON <i>175 SKs</i>	@ <i>\$16.25</i>	<i>\$2843.75</i>
POZMIX	@	
GEL <i>3 SKs</i>	@ <i>\$21.25</i>	<i>\$63.75</i>
CHLORIDE <i>6 SKs</i>	@ <i>\$58.20</i>	<i>\$349.20</i>
ASC	@	
	@	
	@	
	@	
	@	
	@	
	@	
HANDLING <i>184 SKs</i>	@ <i>\$2.25</i>	<i>\$414.00</i>
MILEAGE <i>110 Per mile</i>		<i>\$1254.00</i>
		<i>TOTAL \$4925.58</i>

SERVICE

DEPTH OF JOB <i>257</i>		
PUMP TRUCK CHARGE		<i>\$1125.00</i>
EXTRA FOOTAGE	@	
MILEAGE <i>62</i>	@ <i>\$7.00</i>	<i>\$434.00</i>
MANIFOLD <i>Swedge</i>	@	<i>\$325.00</i>
<i>LU mileage</i>	@ <i>\$4.00</i>	<i>\$248.00</i>
	@	

TOTAL *\$2132.00*

PLUG & FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	

TOTAL _____

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

CHARGE TO: *Ritchie Exploration*
CREDIT
CITY _____ STATE _____ ZIP _____

I, 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 *Armando Cabezas*

SIGNATURE *Armando Cabezas*



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 34430
LOCATION Oakley, KS
FOREMAN Kelly Gabe



FIELD TICKET & TREATMENT REPORT

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

CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-31-12	7173	Earl Smith #1	36	17	35	Wichita
CUSTOMER		Mailing Address		CITY	STATE	ZIP CODE
Ritchie Expl.		Modoc w/o address 3 N Winto				
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
			399	Damon		
			460	Copy		

JOB TYPE Prod HOLE SIZE 7 7/8 HOLE DEPTH 5035 CASING SIZE & WEIGHT 5 1/2 15.5#
 CASING DEPTH 5021 DRILL PIPE _____ TUBING _____ OTHER PC @ 2424
 SLURRY WEIGHT 142 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 21
 DISPLACEMENT 119 DISPLACEMENT PSI _____ MIX PSI _____ RATE 6 BBI/min

REMARKS: Safety meeting, rigged up on Muffin drilling Rig #2
hooked up to circulate, for 1hr, Mixed 30SKS RH, 20SKS MH
pumped 5bbl water, mud flush, 5bbl water, mixed 175 SKS OWC
5# per sk Kol-seal, 250 CDF-26, clear pumps & lines, released
plug, displaced with 122 1/2 bbl water with 200# li & pressure
plug did not land, shut in.

Cent on J+ #1, 3, 6, 12, 61, 63, 82 Baskets 9, 62, 83
PC top of 62
2 Hank Office
Adley

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	3020.00	3020.00
5406	40	MILEAGE	5.00	200.00
1126	225 sks	OWC	22.55	5,073.75
110A	112.5#	Kolseal	1.56	630.00
1137	53#	CDF-26	9.62	513.52
5407A	10.58	Ton mileage delivery	16.7	706.86
1144G	500 gal	Mud Flush	1.00	500.00
4203	1	5 1/2 Guide shoe (w)	193.00	193.00
4228B	1	5 1/2 AF4 insert	206.00	206.00
4136	2	5 1/2 turbolizer (F)	72.00	504.00
4104	3	5 1/2 Basket (F)	276.00	828.00
4285	1	5 1/2 Port collar (F)	2075.00	2075.00
				14,450.13
				1445.01
				13,005.11
		248 736		
			SALES TAX	786.10
			ESTIMATED TOTAL	13791.21

Revin 3797
 AUTHORIZATION 9:00 AM 4-1-12 TITLE _____ DATE 4-1-12
Gym

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.



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 33941

LOCATION Orkney

FOREMAN Fuzzy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-11-12	7173	Earl Smith #1	36	17	35	Wichita
CUSTOMER Ritchie Exploration		Mudoc Wichita line 3 1/2 in W.N	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			463	Josh G		
CITY			460	Bobby S		
STATE						
ZIP CODE						

JOB TYPE P-collapse HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 7/8 OTHER PC @ 2422
 SLURRY WEIGHT 12.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 13.5 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BBL/min

REMARKS: Safety meeting on the plains w/o. Press closed tool to 1200* + hold. Establish circulation mix 450 gals 60/40 + 50 gal 114* clo seal w/ 150* hulls. Displace 13 1/2 BBL. Test closed tool @ 1200*, run 55ts reverse to clean with 35 BBL. cement did not circulate

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	40	MILEAGE	5 ⁰⁰	200 ⁰⁰
5407A	19.4 tons	Ton mileage Delivery	167	1295 ⁹²
1131	450 gals	60/40 pos	15 ¹⁰	6795 ⁰⁰
1118B	2322 #	Bentonite	.25	580 ⁵⁰
1107	113 #	Colliflake	2 ⁸²	318 ⁶⁶
1105	150 #	Colloweed hulls	.55	82 ⁵⁰
		Subtotal		10967 ⁵⁸
		less 1090 disc		1096 ²²
		Subtotal		9870 ⁸³
		248975	SALES TAX	580 ⁹²
			ESTIMATED	
			TOTAL	10451 ⁷⁵

Ravin 3737

AUTHORIZATION Fuzzy 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 mark]

ALLIED CEMENTING CO., LLC. 035952

Federal Tax I.D.# 20-5976804

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

SERVICE POINT:
DAKLEY, KS

DATE <u>2-23-12</u>	SEC <u>36</u>	TWP. <u>17S</u>	RANGE <u>S540</u>	CALLED OUT	ON LOCATION <u>5:00 PM</u>	JOB START <u>5:30 AM</u>	JOB FINISH <u>6:00 AM</u>
GARY SMITH LEASE WELL # <u>1</u>			LOCATION <u>Scott city 12 W-3 1/2 N- West side</u>		COUNTY <u>Wichita</u>	STATE <u>KS</u>	
<input checked="" type="radio"/> OLD OR NEW (Circle one)							

CONTRACTOR NONE

TYPE OF JOB BACKSIDE SQUEEZE

HOLE SIZE _____ TD. _____

CASING SIZE 5 1/2" DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 500 PSI MINIMUM 200 PSI

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER SAME

CEMENT AMOUNT ORDERED 50 SKS 60/40 POZ. 60.821

EQUIPMENT

PUMP TRUCK CEMENTER TERRY

431 HELPER DANE

BULK TRUCK DRIVER ETHAN

323-308

BULK TRUCK DRIVER _____

COMMON	<u>30 SKS</u>	@	<u>16.25</u>	<u>487.50</u>
POZMIX	<u>20 SKS</u>	@	<u>8.50</u>	<u>170.00</u>
GBL	<u>3 SKS</u>	@	<u>21.25</u>	<u>63.75</u>
CHLORIDE		@		
ASC		@		
HANDLING	<u>54.3 cu ft</u>	@	<u>2.10</u>	<u>114.03</u>
MILBAGE	<u>2.3 TON X 62 Y</u>	@	<u>2.35</u>	<u>54.05</u>
TOTAL				<u>1170.28</u>

REMARKS:
Hook on to 3 3/4" casing. mix 50 SKS 60/40 poz. 60.821. max pressure 500 PSI. shut in at 200 PSI. wash pump & lines.

CHARGE TO: Ritchie Exploration

STREET _____

CITY _____ STATE _____ ZIP _____

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 GARY ROWE

SIGNATURE Gary Rowe

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE 1125.00

EXTRA FOOTAGE _____ @ _____

MILBAGE 62 @ 7.00 434.00

MANIFOLD _____ @ _____

LVM 62 @ 4.00 248.00

TOTAL 1887.00

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

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

July 03, 2012

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

Re: ACO1
API 15-203-20173-00-00
Earl Smith 1
SE/4 Sec.36-17S-35W
Wichita 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