



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1086389  
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
-----------------------------------	-----------------	---

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: \_\_\_\_\_

1086389

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  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: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
--	---

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> _____ _____
--	---	---



**#1 CKG - Schiltz**  
 1120' FNL & 200' FEL  
 130' S & 130' E of SE NE NE Section 8-9S-30W  
 Sheridan County, Kansas  
 API# 15-179-21299-0000  
 Elevation: 2946' GL, 2951' KB

Sample Tops			Ref. Well
Anhydrite	2566'	+385	-3
B/Anhydrite	2598'	+353	-3
Topeka	3758'	-807	+2
Heebner	3974'	-1023	flat
Toronto	3995'	-1044	+2
Lansing	4013'	-1062	flat
Muncie Shale	4131'	-1180	+1
LKC "H"	4146'	-1195	+2
Stark Shale	4209'	-1258	+2
Hush	4240'	-1289	+2
BKC	4266'	-1315	flat
Marmaton	4293'	-1342	N/A
Altamont	4337'	-1386	N/A
Pawnee	4379'	-1428	N/A
Fort Scott	4457'	-1506	N/A
Cherokee	4487'	-1534	N/A
Mississippian	4571'	-1620	N/A
RTD	4655'	-1704	

# ALLIED CEMENTING CO., LLC. 035364

Federal Tax I.D.# 20-5976804

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

SERVICE POINT: Oakley, KS

*CKG-Schultz*

DATE <u>3/24/12</u>	SEC. <u>8</u>	TWP. <u>9</u>	RANGE <u>30</u>	CALLED OUT	ON LOCATION <u>9:10 am</u>	JOB START <u>3:00 pm</u>	JOB FINISH <u>3:28 pm</u>
LEASE <u>CKG-Schultz</u>	WELL #	LOCATION <u>Mendo ETO Rd 130 65 WINDO</u>			COUNTY <u>Sheridan</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)							

CONTRACTOR UAW 6

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 305

CASING SIZE 8 1/2 DEPTH 305

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15'

PERFS.

DISPLACEMENT 18.473

OWNER Some

CEMENT AMOUNT ORDERED 185 gk, Co - 370 CC

270 gal

EQUIPMENT

PUMP TRUCK CEMENTER Alay

# 422 HELPER Wayne

BULK TRUCK

# 347 DRIVER Chris - Pet

BULK TRUCK DRIVER

COMMON	<u>185</u>	@ <u>16.25</u>	<u>3006.25</u>
POZMIX		@	
GEL	<u>3</u>	@ <u>21.25</u>	<u>63.75</u>
CHLORIDE	<u>6</u>	@ <u>58.00</u>	<u>348.00</u>
ASC		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>194</u>	@ <u>2.25</u>	<u>436.50</u>
MILEAGE	<u>14.52/mile</u>		<u>640.20</u>
TOTAL			<u>4495.90</u>

REMARKS:

Run Log, Circulate, Mix Cement

Displace Cement

Cement did Circulate

Thank You

Alay, Wayne, Chris, Pet

CHARGE TO: Ritchie Exploration

STREET

CITY STATE ZIP

SERVICE

DEPTH OF JOB	<u>305'</u>
PUMP TRUCK CHARGE	<u>1125.00</u>
EXTRA FOOTAGE	@
MILEAGE	<u>30</u> @ <u>7.00</u> <u>210.00</u>
MANIFOLD	@
<u>W/Levhi clo 30</u>	@ <u>4.00</u> <u>120.00</u>
	@
TOTAL <u>1455.00</u>	

PLUG & FLOAT EQUIPMENT

TOTAL

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

SIGNATURE John Meyers

SALES TAX (If Any)

TOTAL CHARGES

DISCOUNT

IF PAID IN 30 DAYS

*Handwritten mark*



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 34456  
LOCATION Oakbay Ks  
FOREMAN Walt Drueke

PO Box 884, Chanute, KS 66720  
820-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-1-12	7173	CKG-Schultz #1	8	93	30 W	Sherrill
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Ritchie Exploration			456-7118	Miles Shaw		
MAILING ADDRESS			486-7129	Coady Roatz		
CITY				Bobby Straund		
STATE						
ZIP CODE						

JOB TYPE Production HOLE SIZE 7 7/8 HOLE DEPTH 4655' CASING SIZE & WEIGHT 5 1/2 - 15.5  
 CASING DEPTH 4641' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER PC 2531'  
 SLURRY WEIGHT 14.2 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 21'  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 6 BPM

REMARKS: Safety meeting, rig up on W-W #6, Circ casing on bottom  
Pump 500gal mud flush, mixed 30 sks in bit.  
Mixed 200 sks OWC, 5# Kalseal, 125% CDI-26, clear Pump + Lines  
release Plug + Displace 110-BBL H<sub>2</sub>O @ 1200 # (Had Problems with water  
Tank) Landed Plug @ 1600#, released Pressure, Float Held

*Thank You  
Walt + Crew*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	3020.00	3020.00
5406	20	MILEAGE	5.00	100.00
1126	230 SKS	OWC	22.55	5,186.50
1110A	1150 #	Kalseal	.56	644.00
1137	54 #	CDI-26	9.69	523.26
11446	500 gal	mud flush	1.00	500.00
5407	10.81	Tow Mileage Delivery	1.67	410.00
4203	1	5 1/2 - Guide shoe	19.30	19.30
4228	1	5 1/2 - AFU insert	152.00	152.00
4136	7	5 1/2 - Turbo-Centralizers	72.00	504.00
4104	4	5 1/2 - Baskets	276.00	1,104.00
4285	1	5 1/2 - Part Collar	2,075.00	2,075.00
4404	1	5 1/2 - Rubber Plug	5.30	5.30
				14,464.76
		Less 10% Disc		- 1,446.48
				13,018.28
		248792	SALES TAX	816.83
			ESTIMATED TOTAL	13835.11

Ravin 3737

AUTHORIZATION [Signature] TITLE \_\_\_\_\_ DATE 4-1-12

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]*



**CONSOLIDATED**  
Oil Well Services, LLC



TICKET NUMBER 34432  
LOCATION Oakley, KS  
FOREMAN Kelly Eggel  
Donnie Tate

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	
4-5-12	7173	CKG Schiltz #1	8	Q3	30 <sup>00</sup>	KS Sheridan	
CUSTOMER		Mailing Address		TRUCK #	DRIVER	TRUCK #	DRIVER
Ritchie Expl.		13w 65 w into		463	Josh G		
				528	Wes F		
CITY	STATE	ZIP CODE					

JOB TYPE Port collar HOLE SIZE \_\_\_\_\_ HOLE DEPTH 4655 CASING SIZE & WEIGHT 5 1/2-15.5#  
 CASING DEPTH 4641 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER PC @ 2531'  
 SLURRY WEIGHT 12<sup>5</sup> SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT IN CASING \_\_\_\_\_  
 DISPLACEMENT 13 1/2 bbl DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting, Rigged upon well, pressured tool to 1500#,  
opened tool, checked for blow, mixed 335 sks 60/40 Pozgel 1/4" Flo-seal,  
closed tool, reversed out, washed out pumps & lines, rigged down.

*Thank You*  
*Kelly, Donnie, & crew*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54013	1	PUMP CHARGE	1695 <sup>00</sup>	1695 <sup>00</sup>
5406	30	MILEAGE	5 <sup>00</sup>	100 <sup>00</sup>
1131	335.5 SKS	60/40 Poz	15 <sup>10</sup>	5058 <sup>50</sup>
1183	1729 #	Bentonite	1.25	432 <sup>25</sup>
1107	884 #	Flo-seal	2 <sup>82</sup>	236 <sup>88</sup>
5407A	14.4	Ton Mileage delivery	102	480 <sup>96</sup>
1105	250 #	cotton seeds & hulls	0.55	137 <sup>50</sup>
				8141 <sup>09</sup>
				814 <sup>11</sup>
				7326 <sup>98</sup>
		248874	SALES TAX	438 <sup>13</sup>
			ESTIMATED TOTAL	7765 <sup>11</sup>

Ravin 3737

AUTHORIZATION 4:30 PM [Signature] TITLE \_\_\_\_\_ DATE 4-5-12

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]*







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 15-179-21299-00-00  
CKG-Schiltz 1  
NE/4 Sec.08-09S-30W  
Sheridan 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