



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1086406
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: _____

1086406

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
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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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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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#1 Davis 28C
1020' FSL & 710' FWL
30' N & 50' E of N/2 SW SW Section 28-8S-30W
Sheridan County, Kansas
API# 15-179-21300-0000
Elevation: 2906' GL, 2911' KB

Sample Tops			Ref. Well
Anhydrite	2535'	+376	-9
B/Anhydrite	2570'	+341	-10
Topeka	3735'	-824	-18
Heebner	3943'	-1032	-17
Toronto	3966'	-1055	-17
Lansing	3981'	-1070	-17
Muncie Shale	4097'	-1186	-17
Stark Shale	4173'	-1262	-19
Hush	4206'	-1295	-20
BKC	4227'	-1316	-21
Marmaton	4252'	-1341	-20
Altamont	4268'	-1357	-19
RTD	4275'	-1364	

ALLIED CEMENTING CO., LLC. 035372

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

Federal Tax ID# 20-5975804

SERVICE POINT
Palladium, KS

DATE 4/10/10	TIME 2:00	RANGE 30	CALLER OUT	ON LOCATION	JOB START	JOB FINISH
LEASE # 281	BILL # 1	LOCATION	Maize	30 S 34 N E	4/10/10	4/10/10
OLD OR NEW (Circle one)					5100	5100
					123	123

CONTRACTOR Walter OWNER Se...

TYPE OF JOB Well T.D. _____

HOLESIZE 7 7/8 DEPTH 352

CASING SIZE 3 1/2 DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE # _____ DEPTH _____

TOOL _____ DEPTH _____

EXOS. WAX _____ MINIMUM _____

WEAS. LINE _____ SHOULDRINT _____

CEMENT LEFT IN CSG. _____

PERES _____

DISPLACEMENT _____

EQUIPMENT

PUMP/TRUCK CEMENTER 142

278 HELPER Walter 2808

BULK TRUCK _____

281 DRIVER Chris

BULK TRUCK _____

_____ DRIVER _____

REMARKS:

25 SK - 2500'

100 SK - 2500'

40 SK - 2500'

10 SK - 2500'

30 SK - Not Here

Paul

400, 500, 600, 700, 800, 900, 1000

CHANGE TO: Walter Exp.

STREET _____

CITY _____ STATE _____ ZIP _____

DEPTH OF JOB _____

PUMP/TRUCK CHARGE _____

EXTRA FOOTING _____

MILEAGE 200

MANIPOLD 200

27200.00

TOTAL 14200.00

PLUG & FLOAT EQUIPMENT

Top & Water Plug @ _____ 82.00

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL 82.00

SALLES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME _____

SIGNATURE Walter

2

ALLIED OIL & GAS SERVICES, LLC 053505

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Great Bend, KS

DAVIS 28C1

DATE <u>4-2-17</u>	SEC. <u>28</u>	TWP. <u>8S</u>	RANGE <u>30W</u>	CALLED OUT	ON LOCATION	JOB START <u>6:45 pm</u>	JOB FINISH <u>6:30 pm</u>
LEASE <u>Davis 28C</u>	WELL # <u>1</u>	LOCATION <u>Angeles, ks 9 north</u>			COUNTY <u>Sheridan</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>			<u>1/4 east north into</u>				

CONTRACTOR W4 Rig #6 OWNER Ritchie Exploration

TYPE OF JOB Surf Face
 HOLE SIZE 12 1/4 T.D. 303 CEMENT AMOUNT ORDERED 180 sks Class A
 CASING SIZE 5 7/8 DEPTH 303 AMOUNT ORDERED 3/0 cc 2/0 gel
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH

PRES. MAX	MINIMUM	COMMON	<u>180</u>	@	<u>16.25</u>	<u>2,925.00</u>
MEAS. LINE	SHOE JOINT	POZMIX		@		
CEMENT LEFT IN CSG.	<u>15.87</u>	GEL	<u>4</u>	@	<u>21.25</u>	<u>85.00</u>
PERFS.		CHLORIDE	<u>6</u>	@	<u>58.20</u>	<u>349.20</u>
DISPLACEMENT	<u>18.34</u>	ASC		@		

EQUIPMENT

PUMP TRUCK # <u>398</u>	CEMENTER <u>Greg</u>					
	HELPER <u>Kevin E</u>					
BULK TRUCK # <u>396</u>	DRIVER <u>Chris H</u>					
BULK TRUCK #	DRIVER					

HANDLING	<u>195.17 cu/Ft</u>	@	<u>2.10</u>	<u>409.85</u>
MILEAGE	<u>8.9 Ton x 20 = 178</u>	@	<u>2.35</u>	<u>418.30</u>
				TOTAL <u>4,187.35</u>

REMARKS:
 Pipe on bottom, break circulation
 with mud. Hook up to cement pump
 mix 180 sks Class A 3/0 cc 2/0 gel
 Displace with 18.34 sks of production
 fluid - Cement did circ.
 Rig down
 Plug down @ 6:30 pm

CHARGE TO: Ritchie Exploration
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB			
PUMP TRUCK CHARGE			<u>1125.00</u>
EXTRA FOOTAGE	@		
MILEAGE Num	<u>20</u>	@	<u>7.00</u>
MANIFOLD Lum	<u>20</u>	@	<u>4.00</u>
		@	
		@	
TOTAL <u>1345.00</u>			

To: Allied Oil & Gas Services, 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.

PLUG & FLOAT EQUIPMENT

	@		
	@		
	@		
	@		
	@		
TOTAL _____			

PRINTED NAME X JOHN CHAMBERS
 SIGNATURE X [Signature]
Thank you!

SALES TAX (If Any) _____
 TOTAL CHARGES 5,532.35
 DISCOUNT 20% 1,106.82
\$ 4,425.53 IF PAID IN 30 DAYS

[Signature]

GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

RITCHIE EXPLORATION, INC.

WELL: DAVIS 28C #1

LOC.: 1020' FSL & 710' FWL
SEC. 29-8-30W
SHERIDAN COUNTY, KANSAS
API: 15-179-21300-00-00

DRILLING CONTR.: WW RIG #6
SPUD: 04-02-12 COMP: 04-09-12
MUD UP: 3300' TYPE MUD: CHEM.
DRILL TIME: 3500 to' RTD
RTD: 4275' LTD:4278'
SAMPLES SAVED: 3500'-RTD
GEOLOGIST: ROBERT J. PETERSEN

ELEVATION
 KB: 2911
 GL: 2906
LOG MEASURED FROM: KB

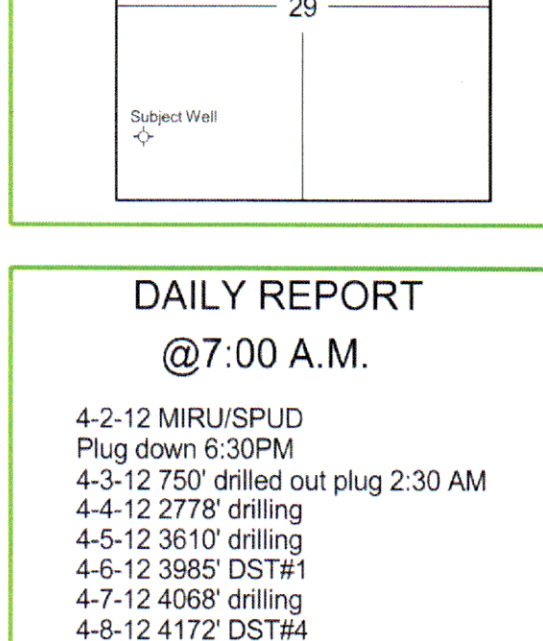
SURFACE CASING
 8 5/8" Set @303'
 W/180 SX Comm.
 3%CC / 2% Gel.

PRODUCTION CASING
 NONE
 D&A

WELL LOG SURVEYS
 RAG

ELECTRIC LOG TOPS

FORMATION	DEPTH	DATUM	POS.
FORMATON	DEPTH	DATUM	POS.
SC	2535	+376	-9
BSC	2569	+342	-9
Tarkio	3605	-694	-15
Howard	3650	-739	-15
Topeka	3732	-821	-15
Heebner	3944	-1033	-18
Toronto	3966	-1055	-17
LKC	3981	-1070	-17
Muncie	4098	-1187	-18
Stark	4173	-1262	-19
Hush	4206	-1295	-20
BKC	4226	-1315	-20
Marm	4252	-1341	-20
Alt	4270	-1359	-21



REFERENCE WELL:
 John O. Farmer
 Struckhoff#1
 N/2 N/2 SE
 29-8-30W

DAILY REPORT
@7:00 A.M.

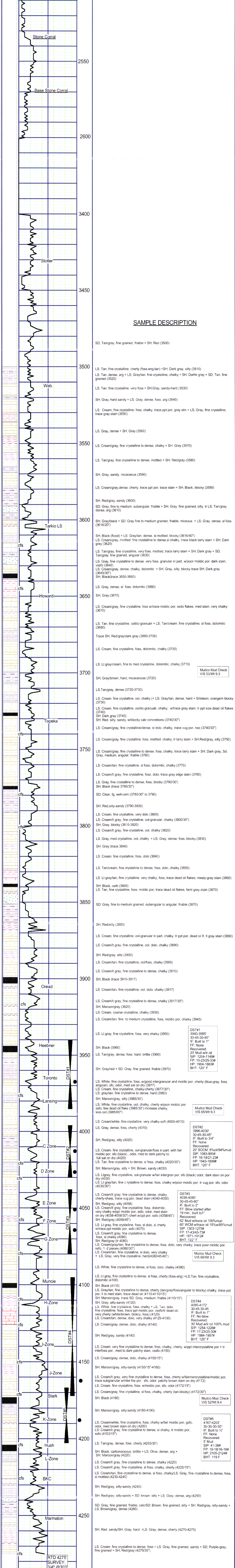
REMARKS AND RECOMMENDATIONS

Due to the negative drill stem test results this well was plugged and abandoned.

Respectfully submitted,

Robert J. Petersen
 Robert J. Petersen

4-2-12 MIRU/SPUD
 Plug down 6:30PM
 4-3-12 750' drilled out plug 2:30 AM
 4-4-12 2778' drilling
 4-5-12 3610' drilling
 4-6-12 3985' DST#1
 4-7-12 4068' drilling
 4-8-12 4172' DST#4
 4-9-12 4275' RTD



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 15-179-21300-00-00
Davis 28C 1
SW/4 Sec.28-08S-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