



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1088570
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: _____

1088570

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 Smith 25A
 338' FNL & 2150' FEL
 8' S & 160' E of NW NW NE Section 25-17S-35W
 Wichita County, Kansas
 API# 15-203-20174-0000
 Elevation: 3156' GL, 3166' KB

Sample Tops			Ref. Well
Anhydrite	2463'	+703	-14
B/Anhydrite	2481'	+685	-14
Stotler	3642'	-476	-11
Heebner	4022'	-856	-6
Toronto	4036'	-870	-5
Lansing	4070'	-904	-8
Muncie Shale	4250'	-1084	-4
Stark Shale	4359'	-1193	-12
BKC	4448'	-1282	-7
Marmaton	4480'	-1314	-10
Altamont	4506'	-1340	-11
Altamont B	4533'	-1367	-4
Pawnee	4594'	-1428	-18
Myrick Station	4629'	-1463	-16
Fort Scott	4648'	-1482	-18
Cherokee Shale	4673'	-1507	-16
Johnson	4785'	-1619	-18
Morrow	4818'	-1652	-21
Erosional Miss.	4907'	-1741	N/A
Mississippian	4970'	-1804	-83
RTD	4985'	-1819	

ALLIED CEMENTING CO., LLC. 034622

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Dakota, KS

DATE <u>4-20-12</u>	SEC. <u>25</u>	TWP. <u>17</u>	RANGE <u>39</u>	CALLED OUT	ON LOCATION <u>5:30 am</u>	JOB START <u>11:00 am</u>	JOB FINISH <u>11:00 am</u>
LEASE <u>Smith</u>	WELL # <u>23A</u>	WELL # <u>1</u>	LOCATION <u>Scott City 12 W, S2,</u>	COUNTY <u>Ritchie</u>	STATE <u>KS</u>		
OLD OR NEW (circle one)			<u>Wells</u>				

CONTRACTOR Martin 14

TYPE OF JOB PTA

HOLE SIZE 7 7/8 T.D. 4985

CASING SIZE DEPTH

TUBING SIZE DEPTH

DRILL PIPE 4 1/2 DEPTH 2490'

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT 28.3661

EQUIPMENT

PUMP TRUCK CEMENTER Lakene

431 HELPER Dave

BULK TRUCK

347 DRIVER Adam

BULK TRUCK

DRIVER

OWNER same

CEMENT

AMOUNT ORDERED 250 bags 64.00

490 gal 8.00 @ 7.10 = 3479.00

COMMON 150 sks @ 16.25 2437.50

POZMIX 100 sks @ 8.50 850.00

GEL 9 sks @ 21.23 191.25

CHLORIDE @

ASC @

Flow seal 63 # @ 2.70 170.10

HANDLING 268.53 ft³ @ 2.10 563.91

MILBAGE 11.21 tons @ 2.00 224.20

TOTAL 3846.06

SERVICE

DEPTH OF JOB 2490'

PUMP TRUCK CHARGE 1250.00

EXTRA FOOTAGE @

MILEAGE 62 @ 2.00 124.00

MANIFOLD @

2.00 mileage 62 @ 4.00 248.00

TOTAL 1782.00

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

CHARGE TO: Ritchie Explor etion

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.

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME Craig Clark

SIGNATURE Craig Clark

Handwritten mark

ALLIED CEMENTING CO., LLC. 035948

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

Federal Tax ID # 20-5975804

SERVICE POINT:
 Oakley

DATE	5/14/12	SEC#	15	TIME	7:50	RANGE	35 W	CALLED-OUT	ON LOCATION	JOB START	JOB FINISH
WELL	257	WELL #	1	LOCATION	500 ft	CITY	1200-500-00	WELL	1330 AM	1330 AM	2:00 PM
OLD OR NEW	(Circle one)										

CONTRACTOR MANAGED ALL AEG # 14 OWNER SHANE

TYPE OF JOB START

HOLE SIZE 12 1/4" TD 357'

CASING SIZE 8 1/2" DEPTH 302'

TUBING SIZE 8 1/2" DEPTH

DRILL PIPE DEPTH

TOOL

RRS MAX MINIMUM

MEAS. LINE SHOP JOINT

CEMENT LEFT IN CSG. 15

PERFS.

DISPLACEMENT 15 H BBLs

EQUIPMENT

PUMP TRUCK	CENTERER	<u>7500V</u>
# <u>431</u>	HELPER	<u>TYLER</u>
BULK TRUCK		
# <u>347</u>	DRIVER	<u>CHRIS</u>
BULK TRUCK	DRIVER	

REMARKS:
NEW 185 SCS COM 3/8 CS 2600L
DISPLACE 15 H BBL WATER
CEMENT DIED CEMENT

CHANGE TO Richard E. Madigan

STREET _____ CITY _____ STATE _____ ZIP _____

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____

MILEAGE _____

MANFOLD _____

TOTAL 1807.00

PLUG & FLOAT EQUIPMENT

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME Shane

SIGNATURE Shane

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
Thomas E. Wright, Commissioner

Sam Brownback, Governor

July 24, 2012

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

Re: ACO1
API 15-203-20174-00-00
Smith 25A 1
NE/4 Sec.25-17S-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