



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1092349
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: _____

1092349

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> _____				
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 Hunt

960' FNL & 745' FWL

30' N & 85' E S/2 NW NW Section 19-17S-34W

Scott County, Kansas

API# 15-171-20877-00-00

Elevation: 3158' GL, 3163' KB

Sample Tops			Ref. Well
Anhydrite	2473'	+690	-27
B/Anhydrite	2491'	+672	-27
Stotler	3670'	-507	-42
Heebner	4053'	-890	-40
Toronto	4067'	-904	-39
Lansing	4094'	-931	-35
Muncie Shale	4290'	-1127	-47
Stark	4396'	-1233	-50
Hush	4443'	-1280	-51
BKC	4492'	-1329	-54
Marmaton	4521'	-1358	-54
Altamont	4547'	-1384	-55
Pawnee	4620'	-1457	-47
Myrick	4656'	-1493	-46
Fort Scott	4677'	-1514	-50
Cherokee Shale	4704'	-1541	-50
Johnson	4813'	-1650	-49
Morrow	4848'	-1685	-54
Mississippian	4942'	-1779	-58
RTD	4948'	-1785	

ALLIED CEMENTING CO., LLC. 040970

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: Orkney Co.

DATE <u>5-12-12</u>	SEC. <u>19</u>	TWP. <u>17</u>	RANGE <u>34</u>	CALLED OUT	ON LOCATION <u>7:30 AM</u>	JOB START <u>11:30 AM</u>	JOB FINISH <u>12:30 PM</u>
BASE <u>Hunt</u>	WELL # <u>1</u>	LOCATION <u>Mados 2 1/2 W. 5 1/2 N E 1/4</u>			COUNTY <u>Scott</u>	STATE <u>Ks</u>	
OLD OR <input checked="" type="checkbox"/> NEW (Circle one)							

CONTRACTOR LP Drilling

TYPE OF JOB PTA

HOLE SIZE 7 7/8 T.D. 4940

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2 DEPTH _____

TOOL _____ DEPTH _____

RES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT 28.86

OWNER Same

CEMENT AMOUNT ORDERED 280 SKs 4 1/2 Gal

1 1/2 Flo Seal

COMMON	<u>168</u> SKs	@ <u>16.25</u>	<u>\$2730.00</u>
POZMIX	<u>112</u> SKs	@ <u>8.50</u>	<u>\$952.00</u>
GEL	<u>10</u> SKs	@ <u>42.25</u>	<u>422.50</u>
CHLORIDE		@	
ASC		@	
Flo Seal	<u>70</u> #	@ <u>2.70</u>	<u>\$189.00</u>
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>300.71</u> #	@ <u>2.10</u>	<u>\$631.48</u>
MILEAGE	<u>12.56 X 62 X</u>	@ <u>2.35</u>	<u>\$1829.82</u>
			TOTAL <u>\$6544.78</u>

EQUIPMENT

PUMP TRUCK CEMENTER Darren R.

423-281 HELPER Tyler

BULK TRUCK

344-170 DRIVER John (GB)

BULK TRUCK

DRIVER

REMARKS:

mix 50 SKs Cement 2530 ft

mix 80 SKs Cement 1430 ft

mix 50 SKs Cement 700 ft

mix 50 SKs Cement 290 ft

mix 20 SKs Cement 60 ft

mix 30 SKs Cement To Plug Rat Hole

Thanks

CHARGE TO: Ritchie Exploration

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB		
PUMP TRUCK CHARGE		<u>\$1250.00</u>
EXTRA FOOTAGE	@	
MILEAGE <u>62</u>	@ <u>7.00</u>	<u>\$434.00</u>
MANIFOLD	@	
<u>LV Mileage</u>	@ <u>4.00</u>	<u>\$248.00</u>
	@	
TOTAL <u>\$1932.00</u>		

PLUG & FLOAT EQUIPMENT

<u>1 Top Wooden Plug</u>	@	<u>\$92.00</u>
	@	
	@	
	@	
	@	<u>\$92.00</u>
TOTAL _____		

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 Richard Wilson

SIGNATURE Richard Wilson

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
Thomas E. Wright, Commissioner

Sam Brownback, Governor

August 30, 2012

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

Re: ACO1
API 15-171-20877-00-00
Hunt 1
NW/4 Sec.19-17S-34W
Scott 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

