



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1095067
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: _____

1095067

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Ritchie Exploration, Inc.
Well Name	Vachal-Helfrich 1
Doc ID	1095067

Tops

Name	Top	Datum
Anydrite	1796	+936
B/Anhydrite	1855	+877
Stotler	3552	-820
Heebner	4118	-1386
Lansing	4195	-1463
Muncie Shale	4378	-1646
Stark Shale	4518	-1786
Hush	4554	-1822
BKC	4594	-1862
Pawnee	4743	-2011
Fort Scott	4778	-2046
Lower Cherokee	4812	-2080
Atoka	4884	-2152
Mississippian	4900	-2168
RTD	5200	-2468

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
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

September 27, 2012

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

Re: ACO1
API 15-069-20377-00-00
Vachal-Helfrich 1
NE/4 Sec.13-25S-28W
Gray 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

ALLIED OIL & GAS SERVICES, LLC 053425

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Liberal ks.

DATE <u>05-31-12</u>	SEC <u>13</u>	TWP. <u>25S</u>	RANGE <u>28 W.</u>	CALLED OUT	ON LOCATION	JOB START <u>10:00 AM</u>	JOB FINISH <u>11:00 PM</u>
LEASE <u>Vachal-Hoffmick</u>				WELL # <u>#1</u>	LOCATION <u>N. Cimarron ks</u>	COUNTY <u>Gray</u>	STATE <u>ks.</u>
OLD OR (NEW) (Circle one)							

CONTRACTOR <u>Martin #29</u>	OWNER _____
TYPE OF JOB <u>Surface</u>	CEMENT _____
HOLE SIZE <u>12 1/4</u> T.D. <u>355 feet</u>	AMOUNT ORDERED <u>230sk "A" 37.66</u>
CASING SIZE <u>8 7/8 2.3 #</u> DEPTH <u>355 feet</u>	<u>2% Gel.</u>
TUBING SIZE _____ DEPTH _____	
DRILL PIPE _____ DEPTH _____	
TOOL _____ DEPTH _____	
PRES. MAX _____ MINIMUM _____	COMMON <u>230sk "A"</u> @ <u>16.25</u> <u>3737.50</u>
MEAS. LINE _____ SHOE JOINT _____	POZMIX _____ @ _____
CEMENT LEFT IN CSG. <u>40 feet</u>	GEL <u>4.5</u> @ <u>21.25</u> <u>95.63</u>
PERFS. _____	CHLORIDE <u>8</u> @ <u>56.90</u> <u>465.00</u>
DISPLACEMENT <u>20 BBLS</u>	ASC _____ @ _____
EQUIPMENT	
PUMP TRUCK CEMENTER <u>Ruben Chavez</u>	
# <u>5491550</u> HELPER <u>Lenny Baez</u>	
BULK TRUCK _____	
# <u>5501554</u> DRIVER <u>Angel Tapia</u>	
BULK TRUCK _____	
# _____ DRIVER _____	
	HANDLING <u>249.5</u> @ <u>2.25</u> <u>545.62</u>
	MILEAGE <u>5K x M.</u> @ <u>.11</u> <u>1333.75</u>
	TOTAL <u>6178.10</u>

Chaston

REMARKS:
Mix pump 230sk at 100PSI
Displace with 20 BBLS
Calculate cement to surface

Thank you

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

DEPTH OF JOB _____	355 feet
PUMP TRUCK CHARGE _____	1177.25
EXTRA FOOTAGE _____ @ _____	
MILEAGE heavy <u>50</u> @ <u>7.00</u>	350.00
MANIFOLD + held _____ @ <u>2.00</u>	200.00
light Val <u>50</u> @ <u>4.00</u>	200.00
	TOTAL <u>1927.25</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 _____
SIGNATURE Tom Haskett
TOTAL 6484.28

SALES TAX (If Any) _____
TOTAL CHARGES 8105.35
DISCOUNT _____ IF PAID IN 30 DAYS

R

ALLIED OIL & GAS SERVICES, LLC 053226 ^{LB}

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67655

SERVICE POINT:
Liberal, KS

DATE <u>6-9-12</u>	SEC <u>13</u>	TWP <u>25S</u>	RANGE <u>26W</u>	CALLED OUT	ON LOCATION <u>9:00 am</u>	JOB START <u>12:00</u>	JOB FINISH <u>1:30</u>
LEASE <u>Hollybrook</u> WELL # <u>1</u>				LOCATION <u>N Cimmaron, KS to R.M</u>		COUNTY <u>CRAY</u>	STATE <u>KS</u>
OLD OR (NEW) (Circle one) <u>NEW</u>				<u>1 m. E to Rd 19 3 1/2 m N Winto</u>			

CONTRACTOR <u>Muehlen Drilling Co. #22</u>	OWNER <u>Richie Exploration</u>
TYPE OF JOB <u>Plug</u>	CEMENT
HOLE SIZE <u>7 1/8</u>	T.D. <u>5200</u>
CASING SIZE <u>8 7/8</u>	DEPTH <u>354</u>
TUBING SIZE	DEPTH
DRILL PIPE <u>4 1/2</u>	DEPTH <u>1860</u>
TOOL	DEPTH
PRES. MAX <u>250</u>	MINIMUM <u>0</u>
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT <u>23.7, 8.9, 3.8, 2.0</u>	
EQUIPMENT	
PUMP TRUCK CEMENTER <u>Vince Newton</u>	
# <u>531-541</u> HELPER <u>Cashe P.</u>	
BULK TRUCK	
# <u>530-554</u> DRIVER <u>Angel T.</u>	
BULK TRUCK	
#	DRIVER

AMOUNT ORDERED	<u>300 lbs 60:40:4 1/2 # Seal</u>
COMMON	<u>180 sk # @ 16.25 = 2925.00</u>
POZMIX	<u>120 sk @ 8.50 = 1020.00</u>
GEL	<u>10 sk @ 21.25 = 212.50</u>
CHLORIDE	@
ASC	@
<u>Fla Seal 35 #</u>	<u>@ 2.70 = 202.50</u>
	@
	@
	@
	@
	@
	@
HANDLING	<u>313 @ 2.25 = 704.25</u>
MILEAGE	<u>151.50 @ 11 = 1721.50</u>
TOTAL	<u>6785.75</u>

REMARKS:

Pump 10 gal. water, mix of pump 50 sk @ 1860'
dumped all water, high pump 21.7661 mix
Mix of pump 60 sk @ 1020', Pump 8.9 sk water
Mix of pump 50 sk @ 1860', Pump 3.8 sk water
Mix of pump 50 sk @ 390', Pump 2.0 sk water
Mix of pump 20 sk @ 60', high to bed cement
Mix of pump 30 sk RH, circulated cement
Mix of pump 20 sk M, circulated cement

Christina

SERVICE	
DEPTH OF JOB	<u>Plugging 1860</u>
PUMP TRUCK CHARGE	<u>1250.00</u>
EXTRA FOOTAGE	@
MILEAGE (H)	<u>100 @ 7.00 = 700.00</u>
MANIFOLD	@
MILEAGE (L)	<u>100 @ 4.00 = 400.00</u>
	@

CHARGE TO: Richie Exploration

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL 2350.00

PLUG & FLOAT EQUIPMENT

Thank You!!!

	@	
	@	
	@	
	@	
	@	

TOTAL _____

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.

SALES TAX (If Any) _____

TOTAL CHARGES \$9135.75

DISCOUNT \$7308.60 IF PAID IN 30 DAYS

PRINTED NAME Kelly Wilson

SIGNATURE Kelly Wilson

A