



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1100836
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: _____



1100836

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 Beougher-Ottley
600' FSL & 145' FEL
60' S & 185' E of E/2 SE SE Section 12-13S-31W
Gove Co., Kansas
API# 15-063-22024-00-00
Elevation: 2879' GL, 2889' KB

Sample Tops			Ref. Well
Anhydrite	2365'	+524	+1
B/Anhydrite	NA		
Heebner	3916'	-1027	+11
Toronto	3940'	-1051	+10
Lansing	3958'	-1069	+6
Muncie Shale	4108'	-1219	NA
Stark Shale	4196'	-1307	+17
Hush. Shale	4231'	-1342	+18
BKC	4261'	-1372	+20
Marmaton	4290'	-1401	+24
Altamont	4311'	-1422	NA
Pawnee	4393'	-1504	NA
Myrick	4429'	-1540	NA
Fort Scott	4450'	-1561	+25
Cherokee Shale	4478'	-1589	+19
Johnson	4525	-1636	+6
Morrow	NA		
Mississippian	4568'	-1679	+39
RTD	4700'	-1811	

ALLIED OIL & GAS SERVICES, LLC 056660

Federal Tax I.D.# 20-5978804

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

SERVICE POINT

Oakley

DATE <u>8-5-12</u>	SEC. <u>12</u>	TWP. <u>33</u>	RANGE <u>31</u>	CALLER OUT	ON LOCATION <u>5:00 PM</u>	JOB START <u>6:50 PM</u>	JOB FINISH <u>7:30 PM</u>
BEAUGHER	WELL # <u>1</u>	LOCATION <u>Oakley 11S - 8E - 2S - W into</u>			COUNTY <u>Gove</u>	STATE <u>Ks.</u>	
JLD OK NEW (Circle one)							

CONTRACTOR Mucfla #14 OWNER Same

TYPE OF JOB PTA

HOLE SIZE 7 7/8 TD. 4700'

CASING SIZE DEPTH

TUBING SIZE DEPTH

DRILL PIPE 4 1/2 DEPTH 2365'

TOOL DEPTH

RES. MAX MINIMUM

ABAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT 30.07

EQUIPMENT

PUMP TRUCK CEMENTER Darren Rasothe 1

423-281 HELPER Tyler Flipse 2

HULK TRUCK

347 DRIVER Chris Helpingstine 3

HULK TRUCK

DRIVER

CEMENT

AMOUNT ORDERED 220 SKS 8 3/4 4% Gal

1/4" Flo seal

COMMON 132 SKS @ 16.25 = \$2145.00

POZMIX 88 SKS @ 8.40 = \$748.80

OBL 8 SKS @ 21.25 = \$170.00

CHLORIDE

ASC

Flo seal 55 @ 2.70 = \$148.50

HANDLING 236.29 20x @ 2.10 = \$496.20

MILBAG 9,826 x 20x @ 2.10 = \$463.20

TOTAL \$4171.40

REMARKS:

Mix 25 SKS Cement 2365 Ft.

Mix 100 SKS Cement 1454 Ft.

Mix 40 SKS Cement 225 Ft.

Mix 10 SKS Cement 40 Ft.

Plug Mousse Hole 15 SKS

Plug Rat Hole 30 SKS

Thank You.

CHARGE TO: R. F. H. Exploration

STREET

CITY STATE ZIP

SERVICE

DEPTH OF JOB

PUMP TRUCK CHARGE \$1250.00

EXTRA FOOTAGE

MILEAGE 20 @ 7.00 = \$140.00

MANIFOLD

1.5 Mileage @ 4.00 = \$60.00

TOTAL \$1470.00

PLUG & FLOAT EQUIPMENT

1 Top Wooden Plug @ \$92.00

TOTAL \$92.00

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) 461.53

TOTAL CHARGES 5733.41

DISCOUNT 20 1146.68 IF PAID IN 30 DAYS

PRINTED NAME Greg Smith

SIGNATURE Greg Smith

1.03

8.05 all

Beougher - Otley

ALLIED OIL & GAS SERVICES, LLC 056716

Federal Tax I.D.# 20-6976804

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

SERVICE POINT:

otley

DATE <i>2-28-12</i>	SEC <i>12</i>	TWP <i>32</i>	RANG <i>31</i>	CALLED OUT	ON LOCATION	JOB START <i>1:30 PM</i>	JOB FINISH <i>2:00 PM</i>
WELL # <i>1</i>	WELL #	LOCATION <i>otley 15 8 E 25</i>			COUNTY <i>Gove</i>	STATE <i>KS</i>	
LD OR NEW (Circle one)		<i>in inst</i>				<i>1.01 9.05</i>	

CONTRACTOR *Murphy 14*
 TYPE OF JOB *Surface*
 OLB SIZE *12 1/2* T.D. *228*
 CASINO SIZE *8 7/8* DEPTH *228*
 UBINO SIZE DEPTH
 RILL PIPE DEPTH
 JOE DEPTH
 RES. MAX MINIMUM
 EAS. LINE SHOE JOINT
 CEMENT LEFT IN CSO. *15*
 PRFS.
 ISPLACEMENT *13.56 BBL*

OWNER *same*
 CEMENT AMOUNT ORDERED *185 sks comm*
3 1/2 cc 2 1/2 gal
 COMMON *185 sks @ 16.125 3006.25*
 POZ MIX @
 OBL *4 sks @ 21.25 85.00*
 CHLORIDE *2 sks @ 58.20 116.40*
 ASC @

EQUIPMENT

JMP TRUCK CEMENTER *Andrew Fausthal*
422 HELPER *3 Brandon Wilkerson*
 ULK TRUCK DRIVER *3 Jeremy Steger*
 ULK TRUCK DRIVER

HANDLING *20.04 c/y/ft @ 2.10 420.84*
 MILBAGE *21.35 224/mile 8,195.75* *104 420.84*
179.09 TOTAL *4339.61*

REMARKS:

(Cement in cellar)

SERVICE

DEPTH OF JOB *228'*
 PUMP TRUCK CHARGE *1125.00*
 EXTRA FOOTAGE @
 MILBAGE *20 miles @ 7.00 140.00*
 MANIFOLD *head @ 200.00*
light vehicle @ 4.00 80.00
 TOTAL *1545.00*

HARGE TO: *Ritchie*
 FREET
 CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

TOTAL _____

o: 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) *281.64*
 TOTAL CHARGES *5,884.61*
 DISCOUNT *20 1176.92* IF PAID IN 30 DAYS

PRINTED NAME *Greg Murch*
 SIGNATURE *Greg Murch*

R

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

November 13, 2012

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

Re: ACO1
API 15-063-22024-00-00
Beougher-Ottley 1
SE/4 Sec.12-13S-31W
Gove 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