

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division 1113893

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 #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxxx) (e.gxxx.xxxxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:
□ Oil □ WSW □ SHOW □ 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:	Producing Formation: Kelly Bushing: Total Vertical Depth: Plug Back Total Depth: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
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 #:	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:
☐ ENHR Permit #: ☐ GSW Permit #:	Operator Name:
GSW Permit #:	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	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 I II Approved by: Date:							

Page Two



Operator Name:				Lease N	Name: _			Well #:		
Sec Twp	S. R	East	West	County	:					
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres o surface test, along	sures, whethe with final cha	er shut-in pre art(s). Attach	essure reac n extra shee	hed stati t if more	c level, hydrosta space is neede	itic pressures, bot d.	tom hole temp	erature, fluid re	ecovery,
Final Radioactivity Lo files must be submitte						ogs must be ema	ailed to kcc-well-lo	gs@kcc.ks.go	v. Digital electr	onic log
Drill Stem Tests Taker (Attach Additional		Yes	☐ No				on (Top), Depth ar		Sampl	
Samples Sent to Geo	logical Survey	Yes	□No		Nam	е		Тор	Datum	1
Cores Taken Electric Log Run		☐ Yes ☐ Yes	☐ No ☐ No							
List All E. Logs Run:										
				RECORD	Ne					
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Purpose of String	Size Hole Drilled		Casing n O.D.)	Weig Lbs. /		Setting Depth	Type of Cement	# Sacks Used	Type and Pe Additive	
			ADDITIONAL	CEMENTIN	NG / SQL	JEEZE RECORD				
Purpose:	Depth Top Bottom	Type of	Cement	# Sacks	Used		Type and F	ercent Additives		
Perforate Protect Casing	100 20111111									
Plug Back TD Plug Off Zone										
1 lug 0 li 20 lio										
Did you perform a hydrau	ulic fracturing treatment	on this well?				Yes	No (If No, ski	ip questions 2 ar	nd 3)	
Does the volume of the t							= :	p question 3)		
Was the hydraulic fractur	ring treatment information	on submitted to	the chemical	disclosure re	gistry?	Yes	No (If No, fill	out Page Three	of the ACO-1)	
Shots Per Foot		ION RECORD Footage of Eac					cture, Shot, Cement			epth
	open,					,,				
TUBING RECORD:	Size:	Set At:		Packer A	t:	Liner Run:				
							Yes No			
Date of First, Resumed	Production, SWD or Ef	NHR. F	Producing Met	hod: Pumpin	a \square	Gas Lift 0	Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wat			Gas-Oil Ratio	Gra	avity
	1									
	ON OF GAS:		en Hole	METHOD OF			mmingled	PRODUCTION	ON INTERVAL:	ļ
Vented Solo	Used on Lease bmit ACO-18.)		en noie _	Perf.	(Submit		mmingled mit ACO-4)			

Figure 2 Octobra No. 334

Webba, Ma O7000

Phone: 316-721-9226 Call: 316-641-8008

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OPERATOR KITCHIE EXPLORATION, INC.

IFASE KMB OTTLEY 12 C #1

FIELD WILDCAT

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SEC. 12 TUP. 13 RGE 31W

COUNTY GOVE STATE KS.

CONTRACTION DUKE DRIG RIG #Z

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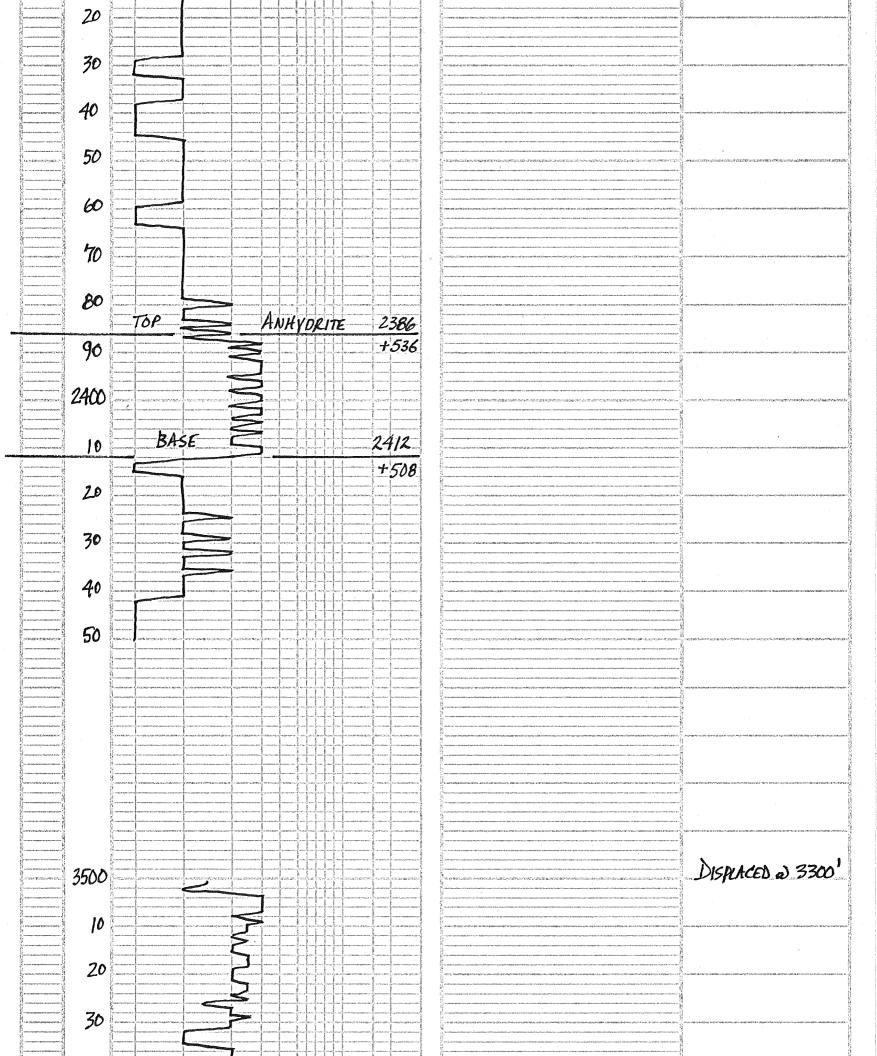
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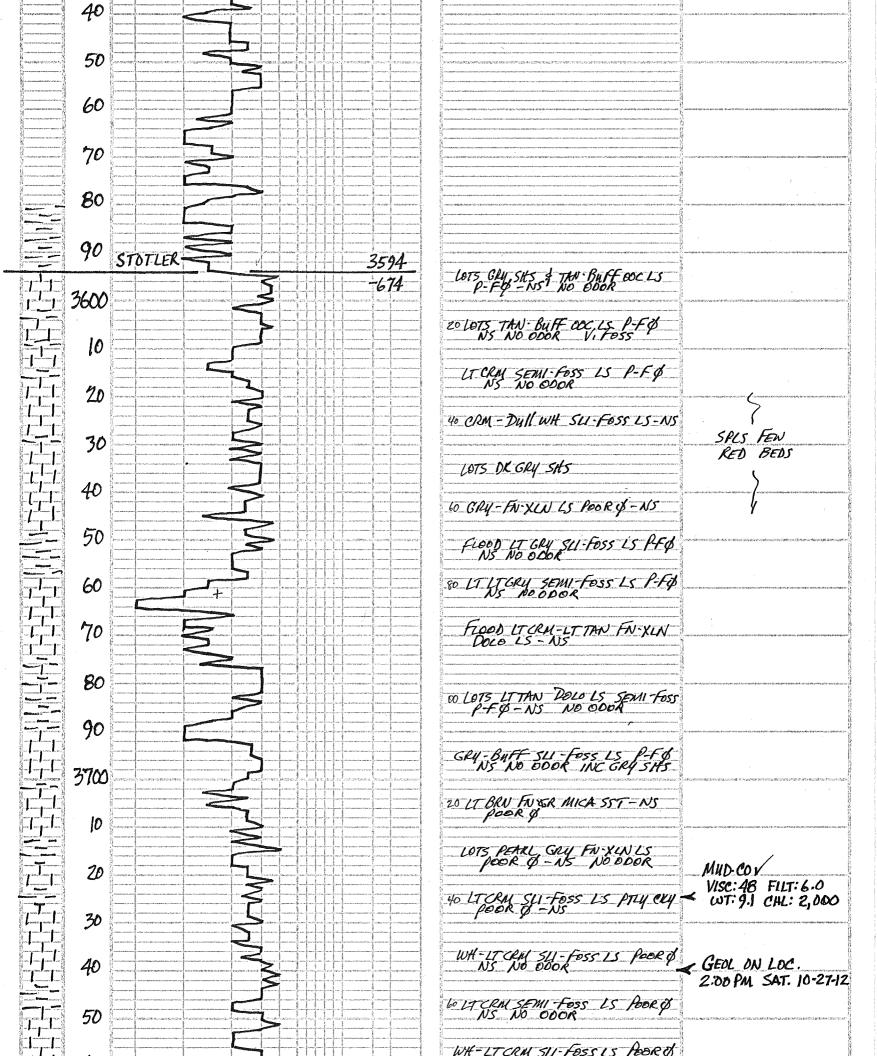
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DUAL INDUCTION

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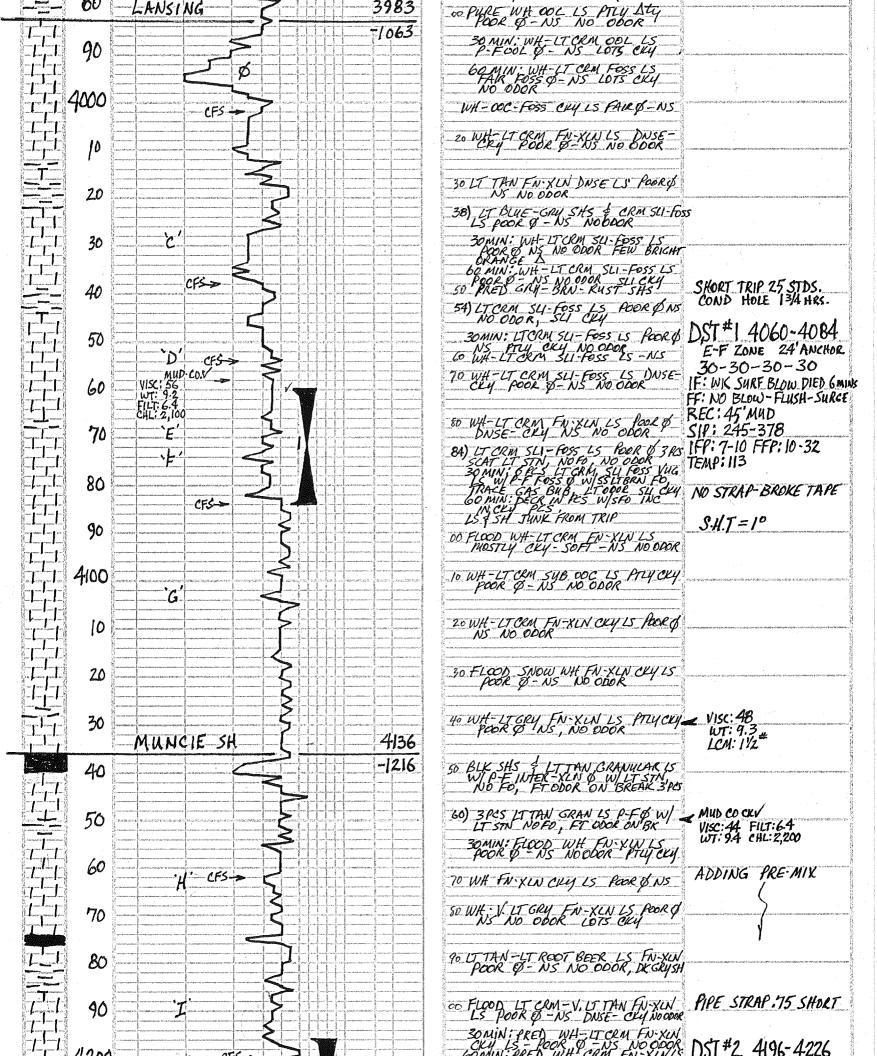
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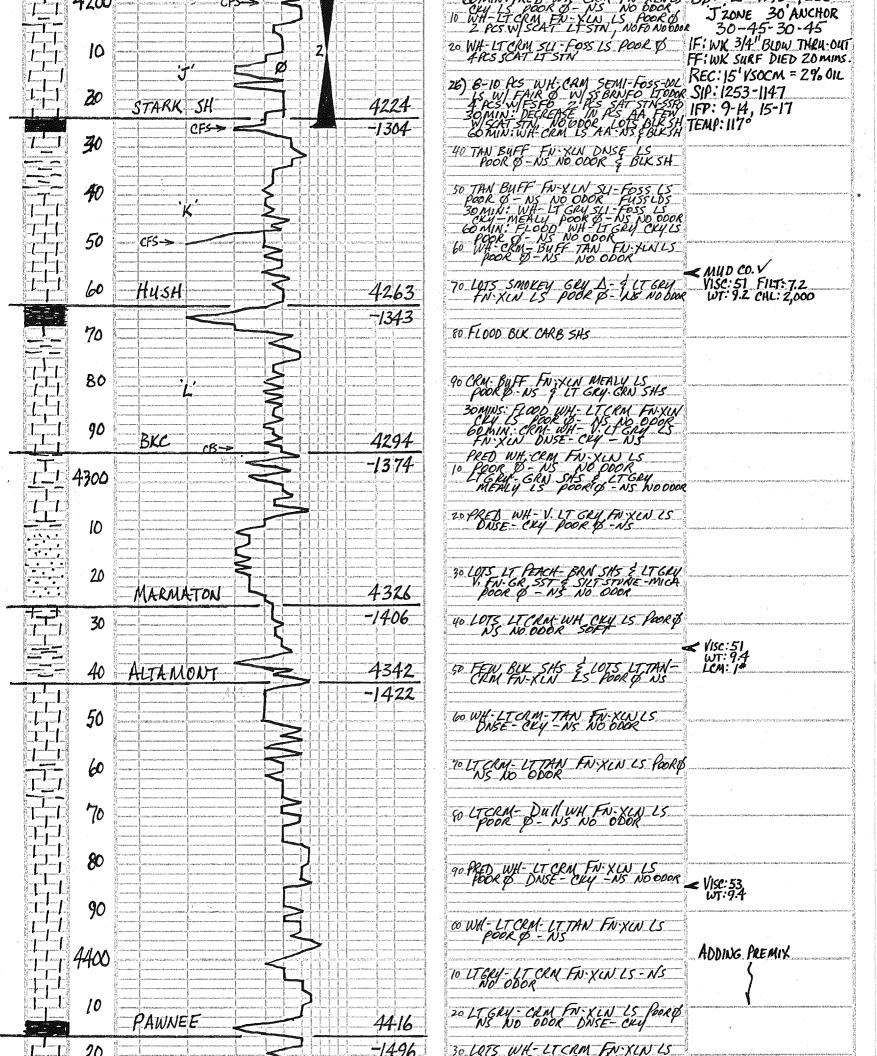
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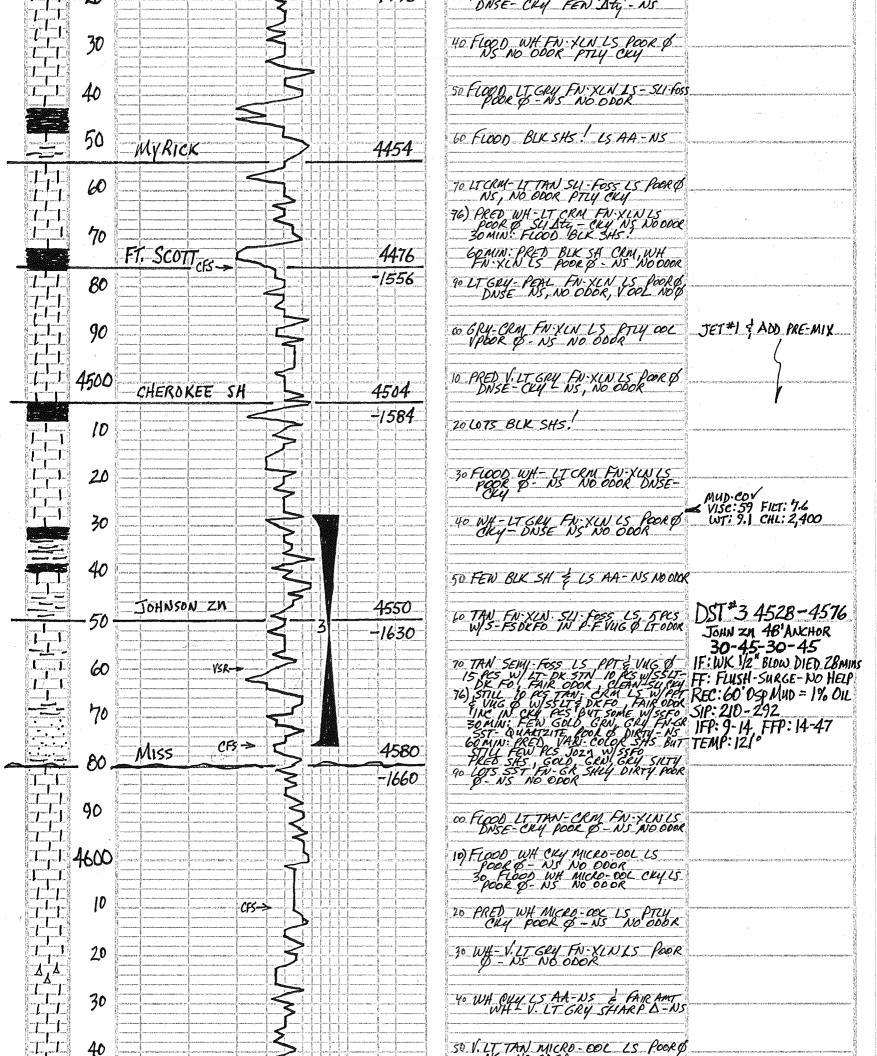


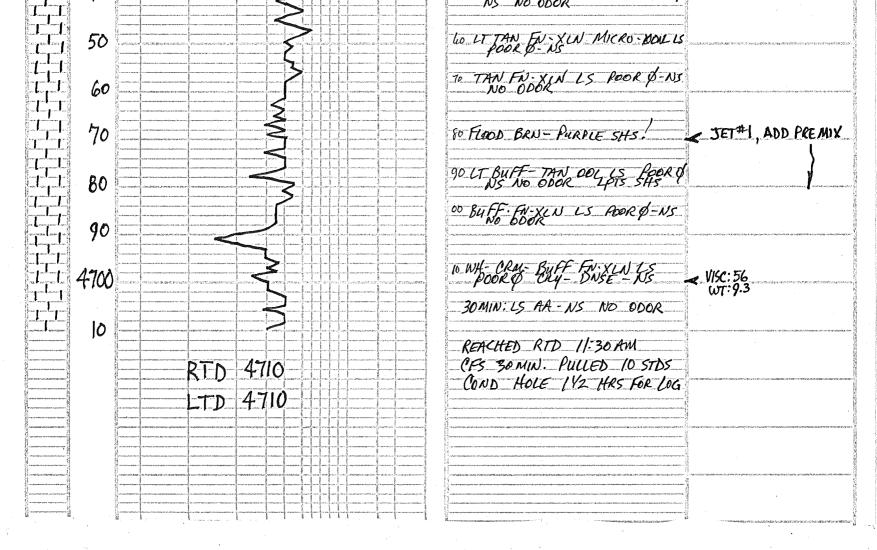


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#1 KMB Ottley 12C

1930' FSL & 2025' FWL 50' S & 45' E NE SW Section 12-13S-31W Gove County, Kansas API# 15-063-22051-00-00

Elevation: 2912' GL, 2920' KB

			Ref.
Sample Tops			Well
Anhydrite	2385'	+535	+1
B/Anhydrite	2412'	+508	-1
Stotler	3594'	-674	-4
Heebner	3943°	-1023	+3
Lansing	3984'	-1064	+3
Muncie Shale	4136'	-1216	+3
Stark Shale	4223'	-1303	+1
Hush	4263'	-1343	-3
BKC	4294'	-1374	-2
Marmaton	4325'	-1405	-3
Pawnee	4416'	-1496	-1
Myrick	4453'	-1533	+3
Fort Scott	4477'	-1557	+4
Cherokee Shale	4504'	-1584	+3
Johnson	4553'	-1633	+2
B/Johnson	4573'	-1653	+1
Mississippian	4580'	-1660	+10
RTD	4710'	-1790	

ALLIED OIL & GAS SERVICES, LLC 058958 Federal Yex I.D.# 20-5976804

REMIT TO P.O. BOX 93999

SOUTHLAKE, TEXAS 76092		SER	VICE POINT	
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TULKTRUCK			.@	
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IULK TRUCK	·		@	
DRIVER			.@	
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o: Allled Oil & Gas Services, LLC.			@ <u></u> `\	
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ALLIED OIL & GAS SERVICES, LLC 058804 Federal Tex 1.D.# 20-5975004

REMIT'TO P.O. BOX 93999 SOUTHLAKE, TEXAS 76092	SER	VICE POINT: Doklanks
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To: Allfed Oil & Gas Services, LLC.		
You are hereby requested to rent cementing equipment		
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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/

Sam Brownback, Governor

Mark Sievers, Chairman Thomas E. Wright, Commissioner Shari Feist Albrecht, Commissioner

February 06, 2013

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

Re: ACO1 API 15-063-22051-00-00 KMB Ottley 12C 1 SW/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