



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1119578
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: _____



1119578

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: 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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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#1 Phillips-Ottley

1645' FSL & 165' FEL

5' S & 165' E of SE NE SE Section 18-13S-31W

Gove County, Kansas

API# 15-063-22058-00-00

Elevation: 2935' GL, 2943' KB

Sample Tops			Ref. Well
Anhydrite	2437	+506	-4
B/Anhydrite	2461	+482	-6
Heebner	3936'	-.993	-1
Lansing	3980'	-1037	-1
Muncie Shale	4124'	-1181	+1
Stark Shale	4205'	-1262	+4
Hush	4236'	-1293	+8
BKC	4274'	-1331	+7
Altamont	4336'	-1393	+4
Pawnee	4413'	-1470	+6
Myrick	4447'	-1504	+4
Fort Scott	4470'	-1527	+1
Cherokee Shale	4498'	-1555	+1
Johnson	4540'	-1597	+2
Morrow Shale	4570'	-1627	-3
Mississippian	4598'	-1655	+5
RTD	4725'	-1782	

ALLIED OIL & GAS SERVICES, LLC 060007

Federal Tax I.D. # 20-8861476

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:

Oakley

DATE <u>12-5-12</u>	SEC. <u>18</u>	TWP. <u>13</u>	RANGE <u>31</u>	CALLED OUT	ON LOCATION	JOB START <u>1:00 PM</u>	JOB FINISH <u>2:00 PM</u>
CLIENT <u>Phillips Offley</u>	WELL # <u>1</u>	LOCATION <u>Oakley 11s-3E-11a S- Winto</u>			COUNTY <u>Gar</u>	STATE <u>TX</u>	
OLD OR <u>(NEW)</u> (Circle one)							

CONTRACTOR Express Well Service

OWNER Same

TYPE OF JOB Port Collar

HOLE SIZE 7 7/8 TD

CASING SIZE 4 1/2 DEPTH

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL Port Collar DEPTH 2397'

PREL. MAX MINIMUM

MEAS. LINE SHOULDER

CEMENT LEFT IN CSG.

PERIS.

DISPLACEMENT 9.34

EQUIPMENT

PUMP TRUCK CEMENTER Darren Racette 1

422 HELPER Tyler Elipse 2

BULK TRUCK

540-282 DRIVER DJ Gray 3

BULK TRUCK

DRIVER

CEMENT

AMOUNT ORDERED 500 SKS 4 1/2" 6% Gel 1/4" Flax
500 # HULLS

COMMON 219 SKS @ \$17.22 = \$3770.18

POZMIX 146 SKS @ \$9.35 = \$1365.10

OBL 79 SKS @ \$23.40 = \$1844.80

CHLORIDE @

ASC @

Flo-sol 91 # @ \$2.92 = \$265.72

@

Hulls (7) SKS @ \$35.22 = \$246.54

@

@

@

@

HANDLING 561.38 CF X @ \$2.48 = \$1392.22

MILBOB 29.10 X 17 X @ \$2.60 = \$755.70

TOTAL \$8598.10

REMARKS:

Port
Pressure system to 1200' open collar
mix 365 SKS cement to surface. Close port collar
Pressure system 1200' Reverse clean

392.40
310.89
SERVICE

DEPTH OF JOB 2397'

PUMP TRUCK CHARGE \$2443.25

BXTRA FOOTAGE @

MILBOB 17 @ \$7.70 = \$130.90

MANIFOLD @

L.V. mileage @ \$4.42 = \$74.92

@

TOTAL \$2649.45

CHARGE TO: Ritchie Exploration

STREET

CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

@

@

@

@

@

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.

PRINTED NAME

SIGNATURE

SALES TAX (if Any) 503.72

TOTAL CHARGES 11,217.58

DISCOUNT 2476.46 IF PAID IN 30 DAYS

8773.12
22.00

ALLIED OIL & GAS SERVICES, LLC 058806

Federal Tax I.D.# 20-5976004

REMIT TO P.O. BOX 93999
SOUTH LAKE, TEXAS 76092

SERVICE POINT: Oakley, Ky

DATE <u>11/19/12</u>	SEC <u>18</u>	TWP. <u>13</u>	RANGE <u>31</u>	CALLED OUT	ON LOCATION	JOB START <u>2:00 PM</u>	JOB FINISH <u>4:00 PM</u>
<u>PAVILIPS - OFFICE</u>	WELL # <u>1</u>	LOCATION <u>Oakley 115 3E</u>		COUNTY <u>CLAY</u>	STATE <u>KY</u>		
OLD OR NEW (Circle one)							

CONTRACTOR <u>Duck #2</u>	OWNER <u>Same</u>
TYPE OF JOB <u>Surface</u>	CEMENT AMOUNT ORDERED <u>165 Com - 370 CC</u>
HOLE SIZE <u>10 1/4</u>	T.D. <u>222'</u>
CASING SIZE <u>8 1/8</u>	DEPTH <u>221.9</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRBS. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSO. <u>15'</u>	
PERFS.	
DISPLACEMENT <u>17,1859</u>	

COMMON	<u>165</u>	@ <u>1.70</u>	<u>280.50</u>
POZMIX		@	
GEL	<u>3</u>	@ <u>23.40</u>	<u>70.20</u>
CHLORIDE	<u>10</u>	@ <u>64.00</u>	<u>640.00</u>
ASC		@	
HANDLING	<u>178.45</u>	@ <u>2.42</u>	<u>431.85</u>
MILBAGE	<u>17</u>	@ <u>26.00</u>	<u>442.00</u>
			TOTAL <u>1421.25</u>

PUMP TRUCK	CEMENTER	<u>Mark Ryan 1</u>
# <u>113</u>	HELPER	<u>Wayne McGibby 2</u>
BULK TRUCK		
# <u>380</u>	DRIVER	<u>Kevin Ryan 3</u>
BULK TRUCK		
#	DRIVER	

REMARKS:

Acilly, Sunday Cement, Mark Ryan, Displace cement 5' hit in.

Cement did not cure

Franklin
Mark Ryan, Kevin

CHARGE TO Ritchie Exploration

STREET _____

CITY _____ STATE _____ ZIP _____

DEPTH OF JOB		
PUMP TRUCK CHARGE		<u>1512.25</u>
EXTRA FOOTAGE	@	
MILBAGE	<u>17</u>	@ <u>26.00</u> <u>442.00</u>
MANIFOLD	@	<u>25.00</u>
Latrolade	<u>17</u>	@ <u>14.00</u> <u>238.00</u>
TOTAL <u>1992.25</u>		

PLUG & FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	
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 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 Dina Vasquez

SIGNATURE Dina Vasquez

SALES TAX (if Any) 271.31

TOTAL CHARGES 6,203.19

DISCOUNT 1550.29 IF PAID IN 30 DAYS

2070 4652.90

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

February 22, 2013

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

Re: ACO1
API 15-063-22058-00-00
Phillips-Ottley 1
SE/4 Sec.18-13S-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