

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division 1128640

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:			Sec.	TwpS. R	East West
Address 2:			F	eet from North /	South Line of Section
City: S	tate: Zi	D:+	F	eet from East /	West Line of Section
Contact Person:			Footages Calculated from	Nearest Outside Section	Corner:
Phone: ()			□ NE □ NV	W □SE □SW	
CONTRACTOR: License #			GPS Location: Lat:	. Lona:	
Name:				(e.g. xx.xxxxx)	(e.gxxx.xxxxx)
Wellsite Geologist:			Datum: NAD27	NAD83 WGS84	
Purchaser:			County:		
Designate Type of Completion:			Lease Name:	V	Vell #:
	-Entry	Workover	Field Name:		
	_		Producing Formation:		
☐ Oil ☐ WSW	SWD	SIOW	Elevation: Ground:	Kelly Bushinç	g:
☐ Gas ☐ D&A	☐ ENHR	SIGW	Total Vertical Depth:	Plug Back Total	Depth:
OG	GSW	Temp. Abd.	Amount of Surface Pipe Se	_	
<ul><li>☐ CM (Coal Bed Methane)</li><li>☐ Cathodic ☐ Other (Contact of the Contact of the Conta</li></ul>	o Evol oto):		Multiple Stage Cementing		
			If yes, show depth set:		
If Workover/Re-entry: Old Well In			If Alternate II completion, o		
Operator:			feet depth to:		
Well Name:			leet deptri to	W/	SX CIIII.
Original Comp. Date:	_				
Deepening Re-perf.		NHR Conv. to SWD	Drilling Fluid Manageme (Data must be collected from t		
☐ Plug Back	Conv. to GS	SW Conv. to Producer	(Data must be collected from t	lile rieselve rilj	
Commingled	Permit #:		Chloride content:	ppm Fluid volum	e: bbls
Dual Completion			Dewatering method used:		
SWD	Permit #:		Location of fluid disposal if	f hauled offsite:	
☐ ENHR	Permit #:		On a water Name		
GSW	Permit #:		Operator Name:		
			Lease Name:		
Spud Date or Date Rea	ached TD	Completion Date or	QuarterSec	TwpS. R	
Recompletion Date		Recompletion Date	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 III Approved by: Date:

Page Two



Operator Name: Lease Name: \_ \_ Well #: \_ 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** No Loa Formation (Top), Depth and Datum Sample | Yes (Attach Additional Sheets) Name Top Datum No Samples Sent to Geological Survey Yes ☐ No Yes
 Yes
 ■
 Yes
 ■
 Yes
 ■
 Nes
 Nes Cores Taken Electric Log Run \_\_\_ Yes No List All E. Logs Run: CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight Setting Type of # Sacks Type and Percent Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Depth Cement Used Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone Did you perform a hydraulic fracturing treatment on this well? Yes No (If No, skip questions 2 and 3) No Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes (If No, skip question 3) Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? (If No, fill out Page Three of the ACO-1) Yes PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated Depth (Amount and Kind of Material Used) 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** Oil Bbls Gas Mcf Water Bbls. Gas-Oil Ratio Gravity Per 24 Hours METHOD OF COMPLETION: **DISPOSITION OF GAS:** PRODUCTION INTERVAL: Open Hole Perf. Dually Comp. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

Form	ACO1 - Well Completion
Operator	Ritchie Exploration, Inc.
Well Name	Kuhn 19A 1
Doc ID	1128640

## Tops

Name	Тор	Datum
Anhydrite	2255	+500
B/Anhydrite	2293	+462
Stotler	3511	-756
Heebner	3868	-1113
Lansing	3907	-1152
Muncie Shale	4048	-1393
Stark Shale	4132	-1377
Hush. Shale	4162	-1407
BKC	4190	-1435
Altamont	4230	-1475
Pawnee	4306	-1551
Myrick	4346	-1591
Fort Scott	4385	-1630
Cherokee Shale	4414	-1659
Mississippian	4485	-1730

# 

Licensed Geologist No. 334

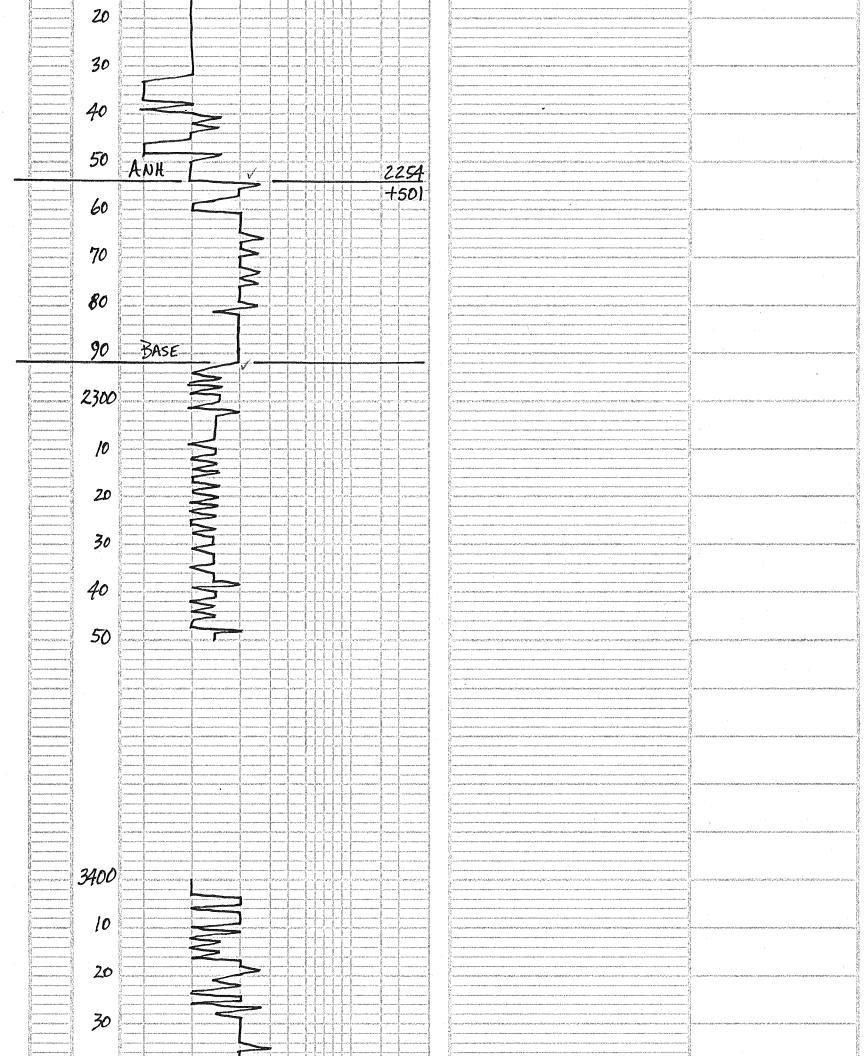
Mohita, Kg 67205

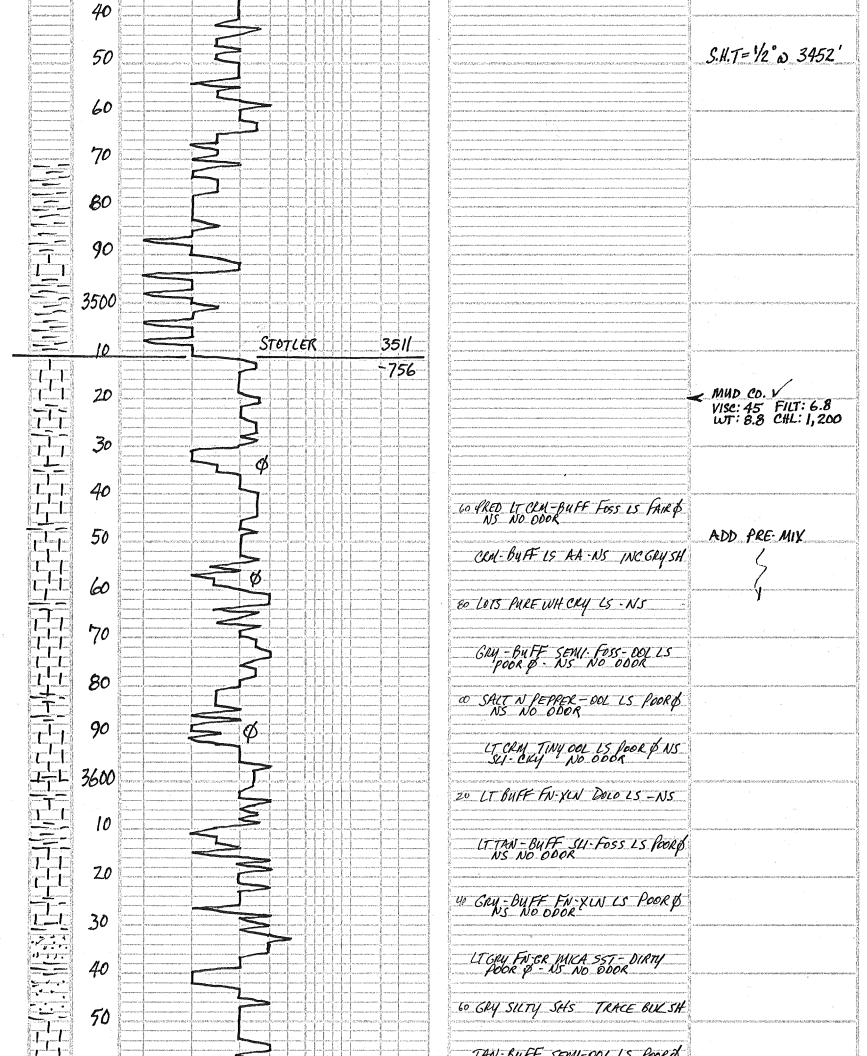
Phone: 318-721-9226 Cell: 318-641-8808

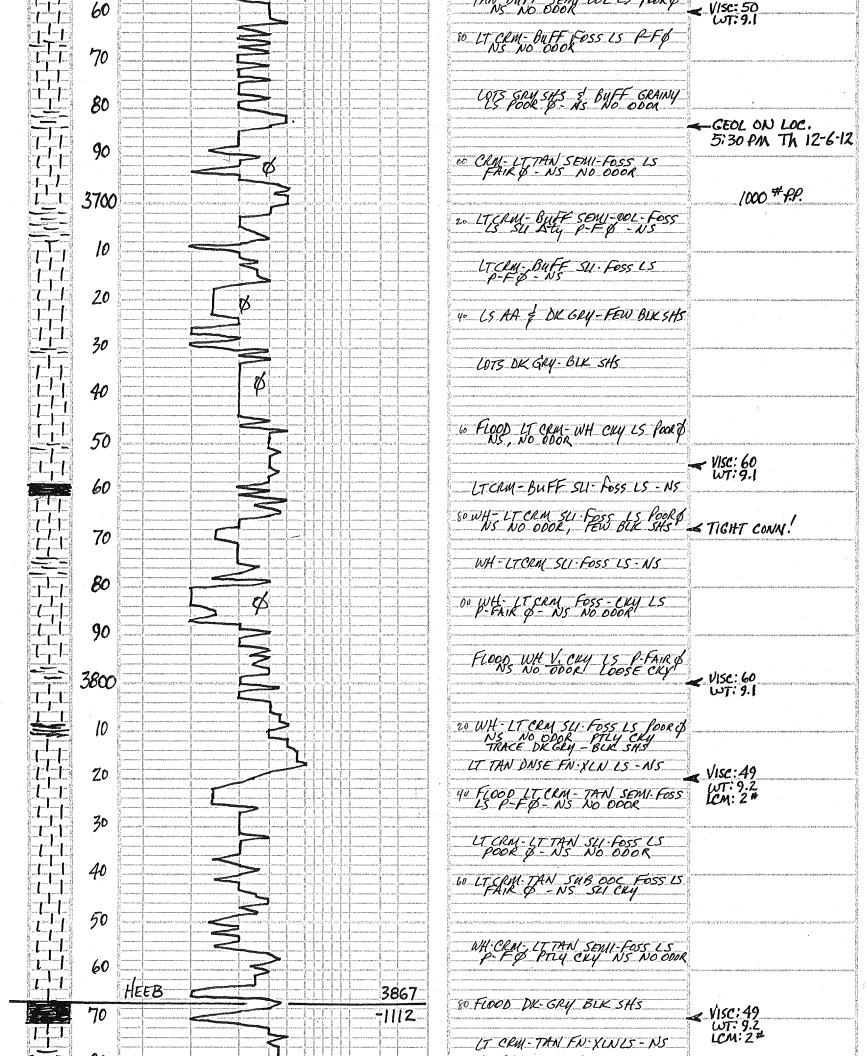
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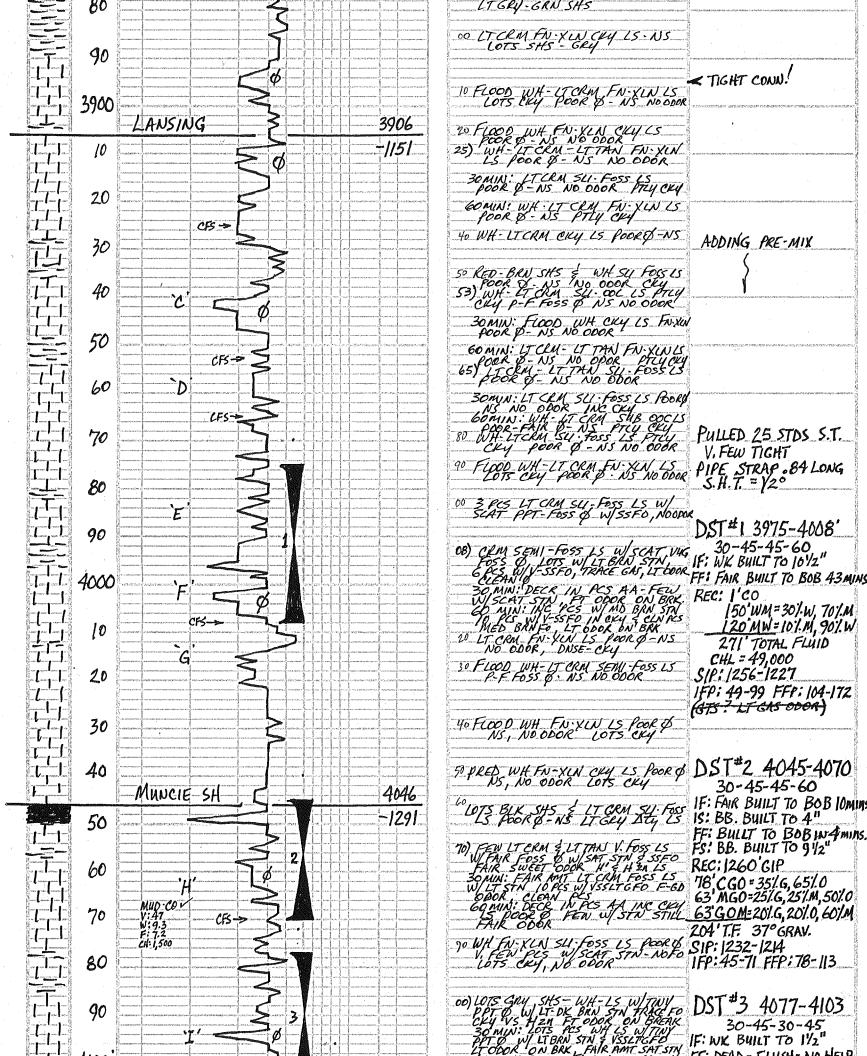
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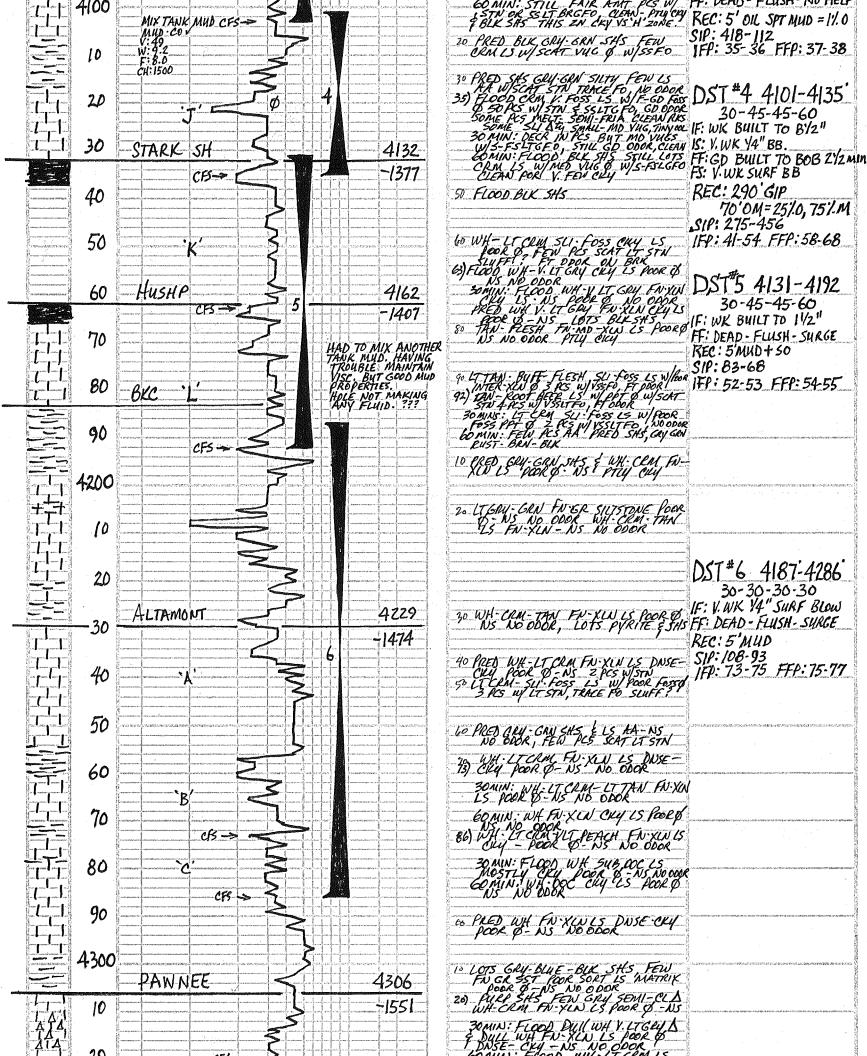
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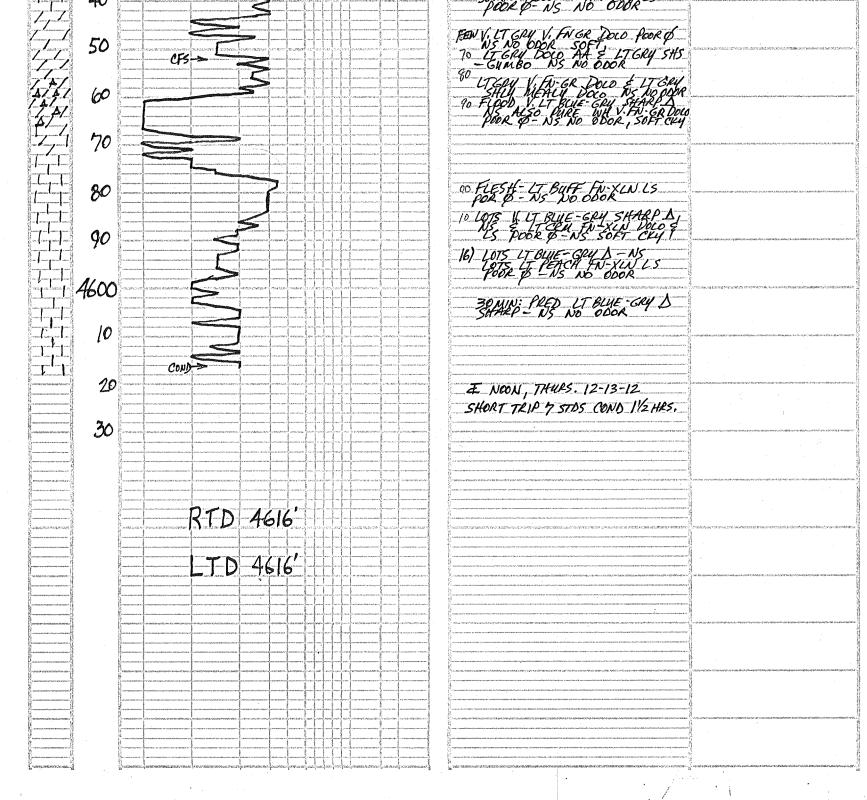








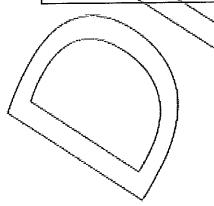
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Form	ACO1 - Well Completion
Operator	Ritchie Exploration, Jńc,
Well Name	Kuhn 19A 1 / /
Doc ID	1128640 / (

Tops

rops		
	Тор	Datum
Anhydrite /	22/55	+500
B/Anhydrite /,	<u>2293</u>	+462
Stotler //	3511 / )	-756
Heebner	3868/ /	-1113
Lansing	3907 🛴	-1152
Muncie Shale	4048	-1393
Stark Shale	4132	-1377
Hush. Shale	4162	-1407
BKC	41/90	-1435
Altamont	Á230	-1475
Pawnee	<del>4</del> 306	-1551
Myrick	4346	-1591
Fort Scott	4385	-1630
Cherokee Shale	4414	-1659
Mississipplan	4485	-1730





TICKET NUM	BER	392	39
LOCATION_	Oa	Kley	145
FOREMAN	Kei	(v 6a)	ne 1

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

## FIELD TICKET & TREATMENT REPORT

DATE  12-18-12  JSTOMER  AILING ADDRE	CUSTOMER#			CEMEN				
JSTOMER		WELL	. NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
	7173	Kubn	19 A *	£ )	19	22	2800	5000
AILING ADDRE	0 401 -		-	Grainfle				
	<u>Ritchin</u>	FCAD	1	75	TRUCK#		TRUCK#	DRIVER
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ΤΥ		STATE	ZIP CODE	づくりもひ	528	Jordank	<u> </u>	
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-					.=	CASING SIZE & V		
URRY WEIGH	·	DRILL PIPE						@ 223°
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	-	DISPLACEMENT				RATE		
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7-406	30 m	75	MILEAGE				500	15000
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I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

255480



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TICKET NUMBER

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	anute, KS 667		D TICKET	& TRE	EAT	MENT REP	ORT	alt DINGO	,
620-431-9210 a	r 800-467-8676			CEM	EN'	Τ.			K5
DATE	CUSTOMER#	WELL	NAME & NUME	BER \		SECTION	TOWNSHIP	RANGE	COUNTY
12-14-12	フリフろ(	Kunn	tGA ik	1		19	23	280	6000
CUSTOMER C				Grain	Rie:		A TANK MENTAL I	<del>,</del>	this production
	itchie	2 x 7		75		TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRE	SS	•		_	. [	399	JellyP	Vates	
				1/2 €	- 1	530	Tinu		
CITY		STATE	ZIP CODE	Sout	.γυ		PHILLDK	Rid = along	
				into	)		1 (((1))		
JOB TYPE P	red	HOLE SIZE	7 1/4	_ HOLE DE	PTH:	a16.16	CASING SIZE & V	VEIGHT_ <u>₹</u> ₽₽ <sup>∠</sup>	1/210,5
CASING DEPTH	41600	DRILL PIPE		TUBING	Po	top # 5	55	OTHER PC	) <u>2234</u>
SLURRY WEIGH	T 142	SLURRY VOL_		WATER (		•	CEMENT LEFT in	CASING 21	(Shoe)
DISPLACEMENT	723/4	DISPLACEMENT	T PSI	MIX PSI_			RATE		
REMARKS: 5 a	fery m	BET NE	2590	Clas	1-	equip	on JT the	<del></del>	
centi	1,4,7,1	012 14	1 154	56,1	DQ.	5/264-5-	7,55;	69,87,	96
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Circulo	ted for	r 45mi	n, mixe	a 30	SK	5 60/40 Y	02 4909E	1 /4# Flo	-seal
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OWC 57							25 4-110		er with
900#11	^	' 1	1	es		ased Pr		\$1041 he	la wash
Pump 1	. 5	OOKS V					· · · · · · · · · · · · · · · · · · ·	Thank!	You
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								- 7	
ACCOUNT CODE	QUANITY	or UNITS	DE	SCRIPTIO	N of	SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
54017	j		PUMP CHARG	SE				30200	302000

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54017	1	PUMP CHARGE	302050	30200
5406	30	MILEAGE	5,99	15000
1126	2253K3	OWC.	7255	5073 25
1131	503K5	60/40 POZ.	150	75500
1110A	1125+	KO1-5001	156	630
11183	172世	Benjonite	075	1/3000
1146	31/2	CAF-38		30618
1137	53件	CDI-26	969	151324
1107	13th	F10-6091	283	36 66 ·
5407 A	12,72	Ton Mileggedelivery	162	163737
41103	5	4/2 095Ket (2)	26100	130500
4139	8	4/2 -turbolizer (I)	6000	480 00
41201	1	4/2 64/de shoe (I)	13800	13820
412261	1	442 AFU insent (T)	193 55	19300
4284	<u> </u>	4/2 York collar (T)	1,890 00	189000
11416	500 gal	mudflush	100	500
4404	1	4/2 Rubber Plug	53 😴	53.00
1111	10074	391-	<sub>49</sub>	NC -
	Subtotal	15,724 43 WIDON NSC 71,5724 = 1	4,15 LESTAX	363,42.
Ravin 3737 9:00 AM	- 1 1 A A		ESTIMATED TOTAL	15,015,40
AUTUODITION	Thomas H	TITLE	DATE 125	1

AUTHORIZTION MANUAL TITLE DATE 12-14-12

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form

# ALLIED CEMENTING CO., LLC. 044142 Follored Tex I.D. # 20-5975804

REMIT TO RO. BOX 31 RUSSELL, KANSAS 67665	SBRVICE POINT:	<del></del>
DATE 3- 12 SEC. 19 TWP RANGE W C	NLED OUT ON LOCATION JOB START JOB FINIS	SII
LEASE WILLH / ROCATION GOVE	3 11 - 1/25 - S is Also COUNTY STATE RS	,
OLD OR (VIII) (Circle one)	1.01	8,
CONTRACTOR DUKE DAIS AZS Z.  TYPBOPIOB SURFACE	OWNER SAME	
HOLESIZE 12/4' T.D. 237	CEMENT	
CASING SIZE S-ES DEPTH 235,5'Y TUBING SIZE DEPTH	AMOUNT ORDERED 3/0 CC 28 9E1	
DRILL PIPB DBPTH	760 010 000 000 000 000	
TOOL DEPTH	COMMON 165 SK @ 17 80 293	<u>ت کرین</u>
PRES, MAX MINIMUM MEAS, LINE SHOB JOINT	POZNIK @	10 -25.
CEMENT LEFT IN CSG. 15'	OBL 3 3/5 @ 23 6 70	20
PERFS. DISPLACEMENT 1486L	CHLORIDIS 6 SKS @ 648 384	<u> </u>
	ASC	/
EQUIPMENT	@	
PUMPTRUCK CHMENTER TERRY Heinich	· · · · · · · · · · · · · · · · · · ·	
11 422 HELPER 3 BRANCH WILKINS	Ø	
BULKTRUCK 11 316 + 306 DRIVER B Chais He puppell		
BULK TRUCK	······································	
# DRIVER	HANDLING 178.42 2017 @ 2.48 442	-48
	MILBAOB 8,1127011X28X2, ES 592	2.5
REMARKSI	444 TOTAL <u>444</u>	27
HOOK UP TO 840 CASING + BREAK	9,2'7,9'1 TOTAL <u>444</u>	
Criculation, care For 5 min, MEX 165 8/8 com 3/8 CC 2908 El. DESPINCE	SERVICE	
WITH 14 BBIS WATER SHIT IN SWEDGE, Bleed OFF PRESSURE	DEPTH OF JOB 1	
30 Edge i Bleed off Pressure	PUMPTRUCK CHARGE	12,25
CEMENT EN CELLAR.	MILEAGE 28 M/ @ 7 ZS 2/3	~60
	MANIFOLD SWEDGE 275	<u>5° ~~</u> €
THANK YOU	213hT Ushicle 2810 4 48 123	3 450
CHARGETO: RITCHIE EXPLORATION		
CHARGETO: NI CHARGETO DIO	TOTAL <u>2/2</u>	′ ዲፈ የ
STREET	IUIAL ALIA	<u>4) F</u> 4
CITYSTATEZIP	· PLUG & PLOAT EQUIPMENT	
	<u>a</u>	
To Allied Cementing Co., LJ.C.		
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	. TOTAL	<u> </u>
contractor. I have read and understand the "GBNBRAL		· <del>-</del> .
TERMS AND CONDITIONS" listed on the reverse side.	SALBS TAX (If Any) 274 31	
	TOTAL CHARGES 6,560.97	
PRINTED NAMEDION VOSAUCZ	DISCOUNT 1642.24 IRPAID IN 301	DAYS
SIONATURB Dion Vasquez	4926.13	
SIONATURE Was Vasquez	.11 256	
" <i>O</i>		

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

March 27, 2013

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

Re: ACO1 API 15-063-22065-00-00 Kuhn 19A 1 NE/4 Sec.19-12S-28W 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, Peter Fiorini