



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1138111
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: _____



1138111

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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#1 Beougher 8B

1400' FNL & 930' FWL

80' N & 60' W of E/2 W/2 NW Section 8-12S-29W

Gove County, Kansas

API# 15-063-22084-00-00

Elevation: 2821' GL, 2826' KB

Sample Tops			Ref. Well
Anhydrite	2306'	+520	+30
B/Anhydrite	2337'	+489	+29
Stotler	3514'	-688	+12
Heebner	3874'	-1048	+18
Lansing	3920'	-1094	+15
Muncie Shale	4048'	-1222	+14
Stark Shale	4137'	-1311	+15
Hush	4166'	-1340	+14
BKC	4193'	-1367	+11
Marmaton	4217'	-1391	+18
Altamont	4233'	-1407	+17
Pawnee	4309'	-1483	+17
Myrick	4355'	-1529	+21
Fort Scott	4386'	-1560	+16
Cherokee Shale	4414'	-1588	+16
Mississippian	4494'	-1668	+2
RTD	4620'	-1794	

ALLIED OIL & GAS SERVICES, LLC 060048

Federal Tax I.D. # 20-8661476

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

Beougher 88-1

SERVICE POINT:

Orkley

DATE <i>2-19-13</i>	SEC. <i>8</i>	TWP. <i>12</i>	RANGE <i>22</i>	CALLED OUT	ON LOCATION	JOB START <i>02-20-13 2:00 Am</i>	JOB FINISH <i>3:00 Am</i>
LEASE <i>Beougher</i>	WELL # <i>1</i>	LOCATION <i>Grainfield Sto Z Rd SW T036</i>			COUNTY <i>Cove</i>	STATE <i>Ks.</i>	
OLD OR NEW (Circle one) <i>NEW</i>		STOW Rd E + into					

CONTRACTOR *WW-6*
TYPE OF JOB *Production*
HOLE SIZE *7 7/8* T.D. *4620'*
CASING SIZE *4 1/2* DEPTH *4605'*
TUBING SIZE DEPTH
DRILL PIPE DEPTH
TOOL DEPTH
PRES. MAX MINIMUM
MBAS. LINE SHO JOINT *21'*
CEMENT LEFT IN CSG. *21'*
PERFS.
DISPLACEMENT *72.9%*

OWNER *Same*
CEMENT
AMOUNT ORDERED *255 sks Asc 10% Salt
2% Gel 5" Gilsomite .25% CD-31
12 bbl Super flush.*

EQUIPMENT
PUMP TRUCK # *423-231* CEMENTER *Darren Racette*
HELPER *Tyler Flossie*
BULK TRUCK # *317* DRIVER *Brandon Wilkinson*
BULK TRUCK # DRIVER

COMMON
POZ MIX
OIL 5 SKS @ \$23.40 = \$117.00
CHLORIDE
ASC 255 SKS @ \$20.70 = \$5278.50
Gilsomite 1225 @ \$1.22 = \$1494.50
CD-31 60 @ \$10.30 = \$618.00
Super Flush 12 bbl @ \$58.20 = \$704.40
HANDLING 327.76 @ \$2.48 = \$812.84
MILBAGE 14.27 x 30 @ \$2.62 = \$371.81
TOTAL *9944.80*

REMARKS:

*Pump Super flush Plug Pathole 300 sks Cement
mix 225 sks Cement in casing Washup Pump
Lines Displace with water Land plug
1500" Lift 800" Float Did not hold
Shut in with 1500"*

1/28.10

SERVICE

DEPTH OF JOB
PUMP TRUCK CHARGE \$2765.25
EXTRA FOOTAGE
MILBAGE 30 @ \$7.72 = \$231.60
MANIFOLD Head @ \$275.00
LV mileage @ \$4.40 = \$132.00

Thank You.

CHARGE TO: *Ritchie Exploration*

TOTAL *\$3403.75*

STREET
CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

4 1/2 Weatherford
1 Guide Shoe @ \$224.00
1 HFU Insert @ \$291.00
7 Tubularizers @ \$90.00 = \$630.00
4 Baskets @ \$315.00 = \$1260.00
1 Port collar @ \$290.00
1 Rubber Plug @ \$33.00
TOTAL *5400.72*

To: Allied Oil & Gas Services, LLC.

You are hereby requested to rent cementing equipment and furnish cement 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) *1080.23*

TOTAL CHARGES *18,748.77*

PRINTED NAME

DISCOUNT *3,107.29* - IR PAID IN 30 DAYS

SIGNATURE

Thomas A. A. A.

10,561.48 Net

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

May 06, 2013

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

Re: ACO1
API 15-063-22084-00-00
Beougher 8B 1
NW/4 Sec.08-12S-29W
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

LITHOLOGY STRIP LOG

WellSight Systems
Scale 1:240 (5" = 100') Imperial
Measured Depth Log

Well Name: **Beougher 8B #1**
Location: **80° N & 60° W of E2-W2-NW/4 Section 8 T12S-R29W**
License Number: **API: 15-063-22084-00-00** Region: **Gove Co, KS**
Spud Date: **Feb. 9, 2013** Drilling Completed: **Feb 19, 2013**
Surface Coordinates: **1400' FNL & 930' FEL Section 8 T12S-R29W**

Bottom Hole Coordinates:
Ground Elevation (ft): **2821'** K.B. Elevation (ft): **2826'**
Logged Interval (ft): **NTD** To: **TD** Total Depth (ft): **4620**
Type of Drilling Fluid: **Chemical**

OPERATOR

Company: **Ritchie Exploration, Inc.**
Address: **8100 E 22ND ST N #700
Wichita, KS 67278-3188**

GEOLOGIST

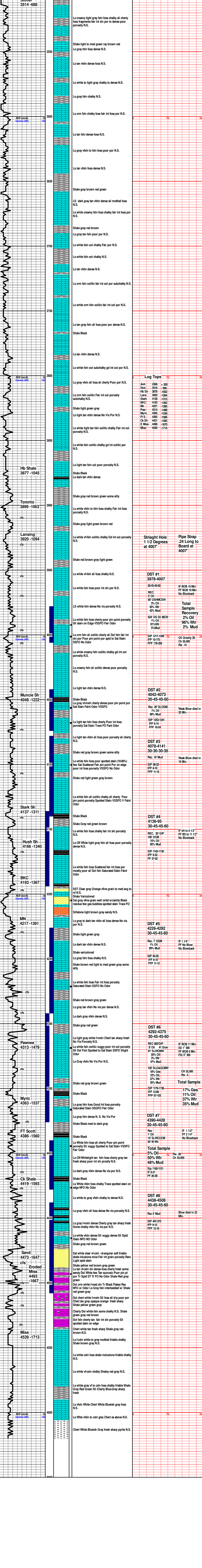
Name: **Roger L. Fisher**
Company: **Consulting Geologist**
Address: **1928 N Garland
Wichita Kansas, 67203**

COMMENTS

WW Drilling Rig #6
Surface Casing: 256' of 8" 7/8"
Mudco Mud Co
OH Logs: Nabors Wireline; DILL, CDL/CNL, Micro

Casing was run to produce this well.

ROCK TYPES			
	Anhy		Congl
	Bent		Sdy dol
	Brec		Shy dol
	Cht		Dol
	Cyl		Gyp
	Coal		Sdy lmst
	Lmst		Lmst
	Mst		Mst
	Siltst		Siltst
	Ss		Ss
	Black sh		Gry sh
	Shale		Shale
	Shy sltst		Shy sltst
	Sty sh		Sty sh



Log Tops	TG	C1	C2	C3	C4
Anh 2306 + 520					
Stot 3516 - 690					
Hb Sh 3878 - 1032					
Lans 3920 - 1094					
Stark 4139 - 1313					
BKC 4193 - 1362					
Mn 4221 - 1385					
Paw 4314 - 1488					
Myric 4365 - 1538					
FT S 4382 - 1566					
Ck Sh 4421 - 1595					
E Miss 4496 - 1670					
Miss 4540 - 1714					