



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1140874
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
-----------------------------------	-----------------	---

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: _____



1140874

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
--	---

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
----------------	-------	---------	------------	---

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> _____
---	--

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: _____ _____
--	--	---



#3 Joseph

350' FNL & 1230' FEL

20'S & 90'E of N/2 N/2 NE Section 30-13S-31W

Gove County, Kansas

API# 15-063-22085-0000

Elevation: 2894' GL, 2899' KB

Sample Tops			Ref. Well
Anhydrite	2378'	+522	-4
B/Anhydrite	2400'	+499	-5
Heebner	3887'	-988	-4
Toronto	3912'	-1013	-6
Lansing	3933'	-1034	-6
Muncie Shale	4083'	-1184	-7
LKC "H"	4095'	-1196	+2
Stark Shale	4168'	-1269	-6
Hush. Shale	4204'	-1305	-2
BKC	4243'	-1344	-4
Marmaton	4262'	-1363	-3
Altamont	4279'	-1380	-3
Pawnee	4363'	-1464	-1
Myrick	4400'	-1501	-1
Fort Scott	4418'	-1519	-2
Cherokee Shale	4449'	-1550	-3
Johnson	4490'	-1591	-2
Mississippian	4531'	-1632	-5
RTD	4655'	-1756	

ALLIED OIL & GAS SERVICES, LLC 060128

Federal Tax I.D. # 20-8861476

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

SERVICE POINT: Dakota

DATE <u>2/18/13</u>	SEC. <u>3</u>	TWP. <u>13</u>	RANGE <u>31</u>	CALLED OUT	ON LOCATION	JOB START <u>4:30</u>	JOB FINISH <u>5:00</u>
LEASE <u>JOSCO</u>	WELL <u>114</u>	<u>3</u>	LOCATION <u>Dakota 570 Quail 3E 1S</u>			COUNTY <u>Gove</u>	STATE <u>KY</u>
OLD OR NEW (Circle one) <u>NEW</u>		<u>1/42 Sinto</u>				<u>101</u>	<u>8.05</u>

CONTRACTOR WW 2 OWNER Same

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 2192 1/2

CASING SIZE 8 5/8 DEPTH 219 2 1/2

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MBAS. LINE _____ SHOUL JOINT _____

CEMENT LEFT IN CSG. 151

PERFS. _____

DISPLACEMENT 13.05

EQUIPMENT _____

CEMENT AMOUNT ORDERED 165 @ 3.92 cc 299.00

COMMON <u>165</u>	@ <u>1.79</u>	<u>295.50</u>
POZMIX _____	@ _____	_____
GBL <u>3</u>	@ <u>23.40</u>	<u>70.20</u>
CHLORIDE <u>10</u>	@ <u>6.40</u>	<u>64.00</u>
ASC _____	@ _____	_____

PUMP TRUCK CEMENTER Alan R 1

422 HELPER Wayne 2

BULK TRUCK DRIVER Kevin R 3

345 DRIVER _____

HANDLING 178.21 @ 2.48 441.92

MILBAGE 62.70 @ 6.70 419.59

TOTAL 861.51

SERVICE _____

REMARKS:

Drill Hole, Run off Circulate, Plug Cement

Displace Cement, Shut in

Cement did circulate

Thank You

Alan Wayne Kevin

DEPTH OF JOB _____

PUMP TRUCK CHARGE 1522.25

EXTRA FOOTAGE @ _____

MILBAGE 18 miles @ 7.70 138.60

MANIFOLD @ _____

Vehicle 18 miles @ 4.40 79.20

CHARGE TO: Ditchie Exploration

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL 2005.05

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.

SALES TAX (if Any) 274.31

TOTAL CHARGES 6,237.06

DISCOUNT 1,434.52 IF PAID IN 30 DAYS

4,802.53 Net

PRINTED NAME Lorrie Lang

SIGNATURE [Signature]

ALLIED OIL & GAS SERVICES, LLC 060178

Federal Tax I.D. # 20-8661475

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

SERVICE POINT:

Oakley

DATE <i>8-6-13</i>	SEC. <i>30</i>	TWP. <i>13</i>	RANGE <i>31</i>	CALLED OUT	ON LOCATION	JOB START <i>7:45 AM</i>	JOB FINISH <i>10:45 AM</i>
LEASE <i>Joseph</i>	WELL # <i>3</i>	LOCATION <i>Oakley 13 S - 3 E - 15 - West</i>			COUNTY <i>Grove</i>	STATE <i>Ka</i>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR *WJ-2*
 TYPE OF JOB *Production*
 HOLE SIZE *7 7/8* T.D. *4662*
 CASING SIZE *5 7/8* DEPTH *4664*
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOBI JOINT *21.0*
 CEMENT LBFT IN CSG. *21.0*
 PERFS.
 DISPLACEMENT *110.50*

OWNER *Clare*
 CEMENT
 AMOUNT ORDERED *250 SKS ASC 10% Salt*
206 Gal 5" Gilsomite 1/2" CD-31
12 bbl Super Flush

EQUIPMENT
 PUMP TRUCK CEMENTER *Devin Racette*
 # *423-281* HELPER *Tyler Flipse*
 BULK TRUCK
 # *404* DRIVER *Brandon Wilkinson*
 BULK TRUCK
 # DRIVER

COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL *5 SKS* @ *23.40* \$ *117.00*
 CHLORIDE _____ @ _____
 ASC *250 SKS* @ *20.80* \$ *5225.00*
Salt 26 SKS @ *26.35* \$ *685.10*
Gilsomite 1250 # @ *.28* \$ *350.00*
CD-31 58 # @ *10.32* \$ *597.76*
 _____ @ _____
 _____ @ _____
 _____ @ _____
 Super Flush *12 bbl* @ *58.70* \$ *704.40*
 _____ @ _____
 HANDLING *323.68* @ *2.48* \$ *800.92*
 MILEAGE *13.99 x 18 x* @ *2.68* \$ *654.72*
 TOTAL \$ *10008.37*

REMARKS:

Mix Superflush
Plug mousehole 15 SKS Cement
Plug Rat hole 30 SKS Cement
inst 20.5 SKS Cement Down casing
Displace with water
Land Plug 1900 # Lift 1405"
Float Hold
Thank You.

SERVICE

DEPTH OF JOB *4664*
 PUMP TRUCK CHARGE # *2765.75*
 EXTRA FOOTAGE @ _____
 MILEAGE *18* @ *7.70* \$ *138.60*
 MANIFOLD *Head* @ _____ \$ *275.00*
LV Mileage @ *4.00* \$ *72.00*
 _____ @ _____

CHARGE TO: *Ritchie Exploration*
 STREET _____
 CITY _____ STATE _____ ZIP _____

TOTAL \$ *3258.55*

PLUG & FLOAT EQUIPMENT

Weatherford 5 1/2
1 Guide Shoe @ _____ \$ *230.80*
1-HEM Insert @ _____ \$ *334.00*
7-Turbolifts @ *93.00* \$ *651.00*
5- Baskets @ *394.22* \$ *1971.10*
1 Port Collar @ _____ \$ *26.00*
1 Rubber Plug @ _____ \$ *85.91*
 TOTAL \$ *5272.81*

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) _____
 TOTAL CHARGES *18,539.72*
 DISCOUNT *3,707.94* IF PAID IN 30 DAYS
14,831.77 Net

PRINTED NAME *Thomas A Atkins*
 SIGNATURE *Thomas A Atkins*

Max R. Lowrey

GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

Company: Ritchie Exploration, Inc.

Field No: 2099

Location: 305 N. 1790 E. 31W

County: Goine State: KS

Contractor: W.M. Rice

SPUD: 2-18-2013

RTD: 4655

Well Name: 3-5-2013

Fluid: Mud

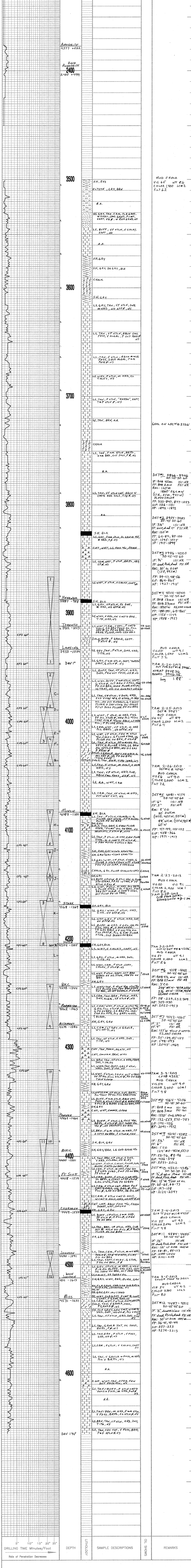
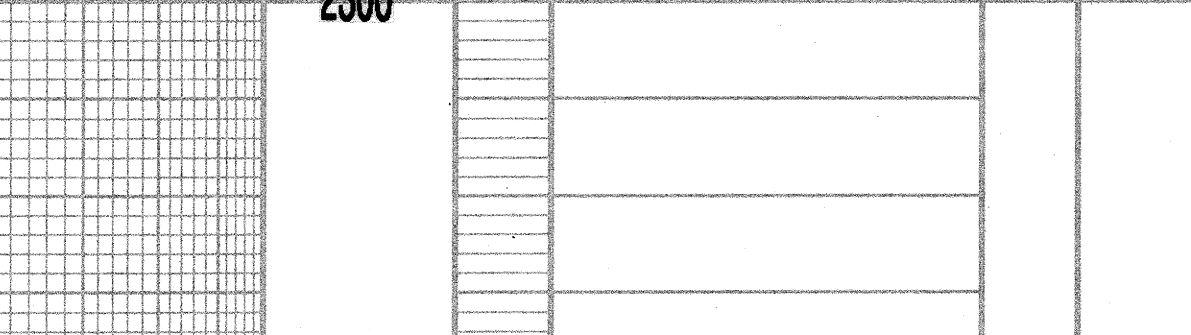
Well Type: Chem

Formation Top and Structural Position

Table with columns: Formation, Top, Structure, Position, etc. Includes layers like Anhydrite, Salt, Sandstone, Shale, Carb sh, Limestone, Dol. Lime, Chert, Dolomite.

REMARKS

LEGEND



CONTRACTOR, LEASE, ELEVATION, LOCATION, IP, SEC, TWP, RING, COUNTY, STATE

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 21, 2013

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

Re: ACO1
API 15-063-22085-00-00
Joseph 3
NE/4 Sec.30-13S-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