



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1153411  
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: \_\_\_\_\_



1153411

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

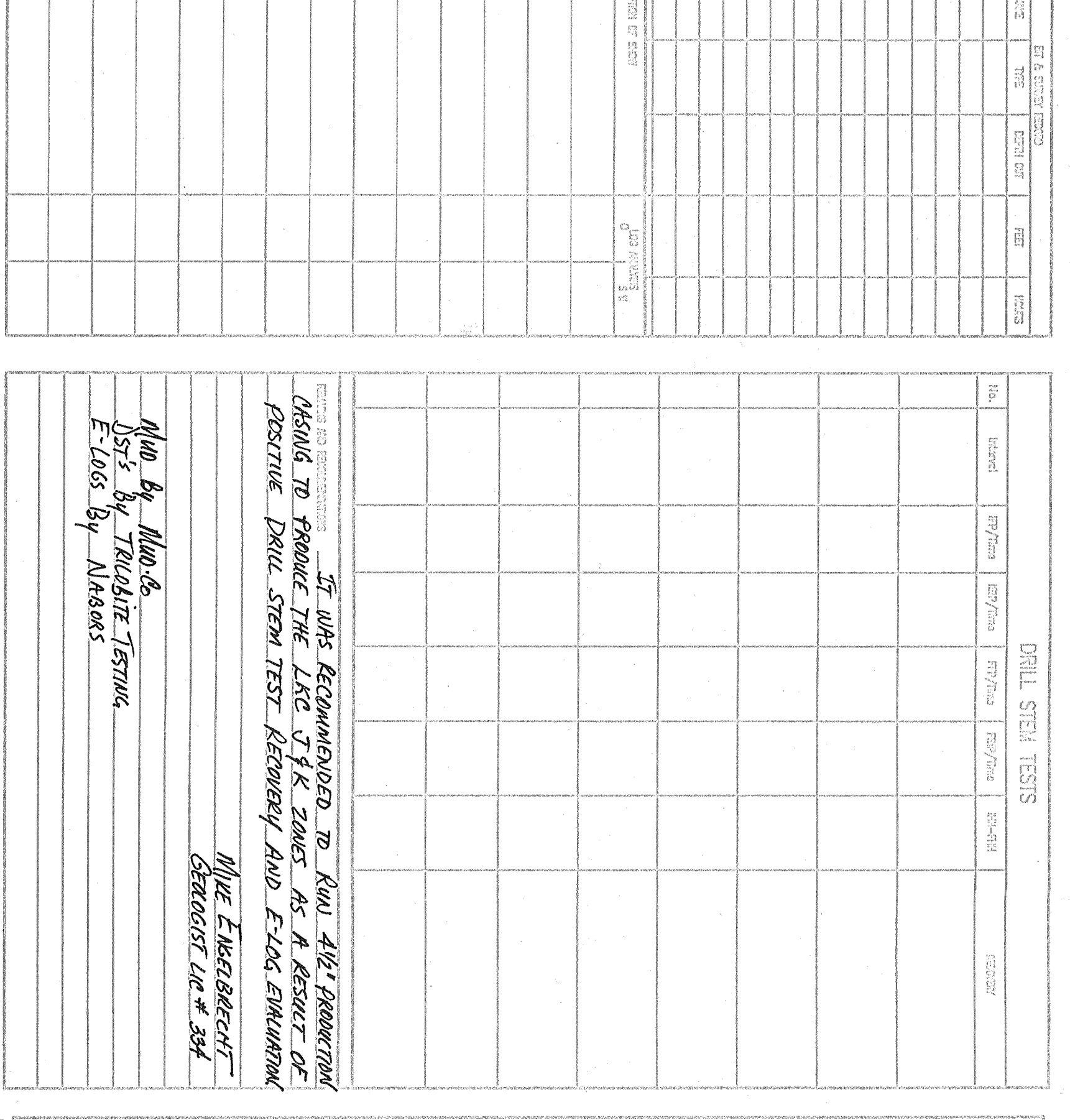
TUBING RECORD:      Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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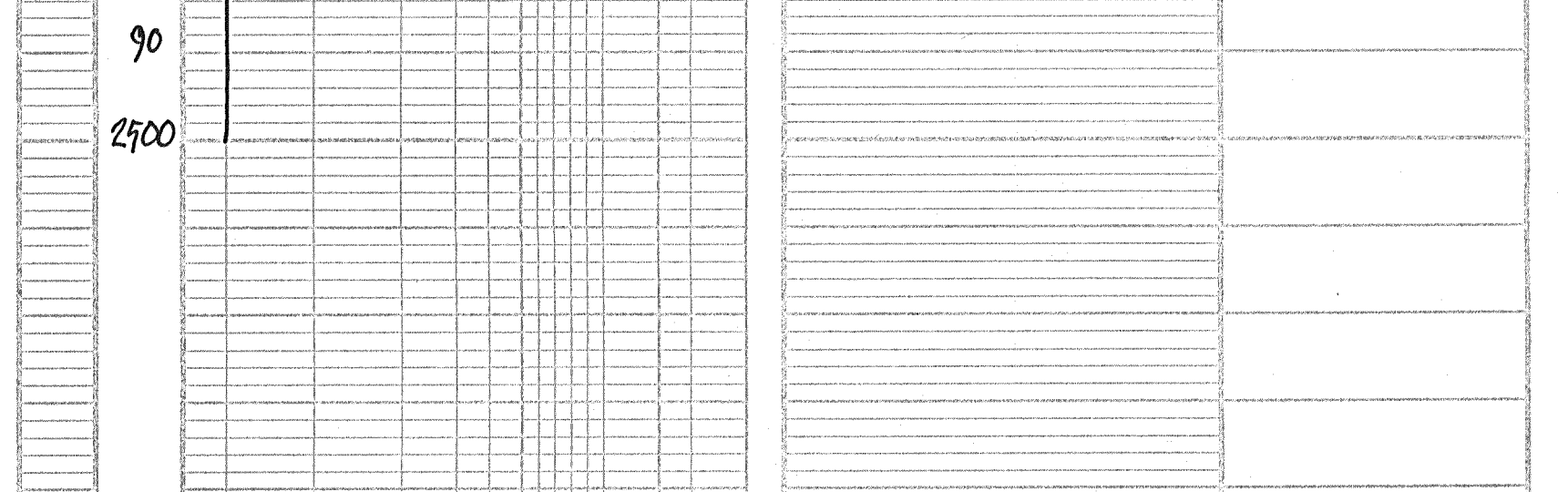


IT WAS RECOMMENDED TO RUN 4 1/2" PRODUCTION CHISING TO PRODUCE THE LOGS OF K ZONES AS A RESULT OF POSITIVE DRILL STEM TEST KEYWAY AND F-LOGS EVALUATION

MIKE ENGELBRECHT  
 GEOLOGIST Lic # 334

W/225 SWS R2 4132'  
 W/165 SWS COMI  
 PRODUCTION: 41/2 x 4132'

**LEGEND**



DEPTH	DRILLING TIME (Logarithmic Scale)	LITHOLOGY	SAMPLE DESCRIPTIONS	REMARKS
0-10	2421	AHY		
10-20	1506			
20-30		BASE		
30-40	2448			
40-50	1479			
50-60				
60-70				
70-80				
80-90				
90-100				
100-110				
110-120				
120-130				
130-140				
140-150				
150-160				
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860-870				
870-880				
880-890				
890-900				
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940-950				
950-960				
960-970				
970-980				
980-990				
990-1000				





**#1 Selenke 22A**

500' FNL & 800' FEL

160' N & 140' W of NE NE NE Section 22-13S-31W

Gove County, Kansas

API# 15-063-22101-0000

Elevation: 2922' GL, 2927' KB

Sample Tops			Ref. Well
Anhydrite	2422'	+505	-9
B/Anhydrite	2448'	+479	-13
Stotler	3604'	-677	-9
Heebner	3955'	-1028	-6
Lansing	3998'	-1071	-7
Muncie Shale	4154'	-1227	-8
Stark Shale	4240'	-1313	-8
Hush	4280'	-1353	-7
BKC	4319'	-1392	-8
Marmaton	4347'	-1420	-7
Altamont	4380'	-1453	-7
Pawnee	4445'	-1518	-12
Myrick	4478'	-1551	-8
Fort Scott	4502'	-1575	-9
Cherokee Shale	4529'	-1602	-11
Johnson	4574'	-1647	-11
B/Johnson	4593'	-1666	-13
Mississippian	4620'	-1693	-16
RTD	4740'	-1813	



**CONSOLIDATED**  
ON Well Services, LLC

258102

TICKET NUMBER 39916

LOCATION Oak Grove, KS

FOREMAN Ruzz4

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
4-13-13	7173	Selenke 22A-1	22	135	3W	Gove	
CUSTOMER Ridgeline Exploration		Gove Rd 16		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS		35		456	Jerry Y		
CITY		1146		530	Jordan L		
STATE		517			Jack J		
ZIP CODE							

JOB TYPE Production HOLE SIZE 7 7/8 HOLE DEPTH 4340' CASING SIZE & WEIGHT 4 1/2 10.5  
 CASING DEPTH 4732' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ 456 Port Collar  
 SLURRY WEIGHT 14.2 SLURRY VOL 1.42 WATER gal/ek \_\_\_\_\_ OTHER 2407.24  
 DISPLACEMENT 74.9 DISPLACEMENT PSI \_\_\_\_\_ CEMENT LEFT in CASING 20.93  
 MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting on w-w #6 Float equip Turbos 1, 6, 12, 14, 16, 18  
 55, 57 Baskets 10, 56, 69, 88, 95. Port collar on #56 P/cup and  
 circulate 45 min. Pump 5 BBL water, 500 SA mud flush, 5 BBL water  
 mix 30 SKS AH. Mix 225 SKS OWC w/5# Kolsol, 140 SA C.D.I. 26  
 wash pump and lines. Drop plug mud displace 76 1/4 BBL. lift  
 pressure 750#. hand plug @ 1250#. Float held.

Thanks Ruzz4 crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54012	1	PUMP CHARGE	3020.00	3020.00
5406	20 miles	MILEAGE	5.00	100.00
5407	12 Tow	Tow mileage Delivery (min)	410.00	410.00
1126	255 SKS	OWC	22.52	5750.25
1137	60 #	C.D.I. 26	4.50	270.00
1110A	1275 #	Kolsol	1.56	214.00
1144G	500 SA	mud flush	4.00	500.00
4201	1	4 1/2 - Guide shoe	138.00	138.00
4226	1	4 1/2 - AFG insert	193.00	193.00
4139	8	4 1/2 - Turbolizers	60.00	480.00
4103	5	4 1/2 - Baskets (2W) (3I)	261.00	1305.00
4284	1	4 1/2 - Port Collar (I)	1890.00	1890.00
		subtotal		14770.25
		less 10.90		1477.09
		subtotal		13293.76

Completed

Ravin 3737

SALES TAX 814.41

ESTIMATED TOTAL 14108.17

AUTHORIZATION [Signature]

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

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.



**CONSOLIDATED**  
Oil Well Services, LLC

258104

TICKET NUMBER 39434  
LOCATION Oakley, KS  
FOREMAN Mites Shaw  
Walt Dinkel

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8678

**FIELD-TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-16-13	7173	Selenke 22A#1	22	13S	31W	Gooss
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			405	JERRY		
CITY			58107	<del>58107</del> M. KOOP		
STATE						
ZIP CODE						

JOB TYPE Port Cement HOLE SIZE \_\_\_\_\_ HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT 4 1/2" 10.5 #  
CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING 2 7/8 OTHER AC Tool @ 2407.74  
SLURRY WEIGHT 12.5 SLURRY VOL 1.8 WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
DISPLACEMENT 8 1/2 bbls DISPLACEMENT PSI 800 psi MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meetings and rig upon well head 2 7/8 tubing 4 1/2" 10.5 # casing  
Pressure on tubing 1200 psi hold open tool get circulation mix 425 S/S  
60/40 60 gal 1/4" Ploseal with 500 # hulls displaced 8 1/2 bbls  
Water Shutdown shut tool Run in 5 joints Circulate tubing and casing clean

Thanks Mites & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	1695.00	1695.00
5406	20	MILEAGE	5.00	100.00
5407	1827 tons	Ton mitigate delivery	1.67	3039.09
1131	425 S/S	60/40 POC	15.10	6417.50
1188	293 #	Bentonite gel	1.25	366.25
1107	106 #	Ploseal	2.82	298.92
1105	500 #	Cotton Seed hulls	1.55	775.00
			Subtotal	9944.81
			less 10% discount	994.48
			Subtotal	8950.33

completed

Ravin 3737

AUTHORIZATION Thomas A. A... TITLE \_\_\_\_\_

SALES TAX 546.25  
ESTIMATED TOTAL 9496.63  
DATE 4-16-13

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 OIL & GAS SERVICES, LLC

060195

Federal Tax I.D. # 20-8661475

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

SERVICE POINT:

*Corkley*

DATE <i>4-5-13</i>	SEC <i>22</i>	TWP <i>19</i>	RANGE <i>31</i>	CALLED OUT	ON LOCATION	JOB START <i>4:30 Pm</i>	JOB FINISH <i>5:00 Pm</i>
LEASE <i>Seleroke</i>	WELL# <i>202</i>	LOCATION <i>Corkley 115-5E-3S-74E</i>	COUNTY <i>Gove</i>	STATE <i>Ks.</i>			
OLD OR <input checked="" type="checkbox"/> NEW (Circle one)			Sinto				

CONTRACTOR *WW-6*  
TYPE OF JOB *Surface*  
HOLE SIZE *12 1/4* T.D. *220*  
CASING SIZE *8 7/8* DEPTH *220'*  
TUBING SIZE DEPTH  
DRILL PIPE DEPTH  
TOOL DEPTH  
PRES. MAX MINIMUM  
MEAS. LINE SHOE JOINT  
CEMENT LEFT IN CSG. *15'*  
PERFS.  
DISPLACEMENT *13.12*

OWNER *Same*  
CEMENT AMOUNT ORDERED *165 SKs Com 3% CC*  
*2% Gel*

EQUIPMENT  
PUMP TRUCK CEMENTER *Quinn Smith*  
# *1623-281* HELPER *Tyler Flipse*  
BULK TRUCK  
# *396-306* DRIVER *Kevin Ryan*  
BULK TRUCK  
# DRIVER

COMMON *165 SKs @ 17.20 = 2838.00*  
POZMIX  
GEL *3 SKs @ 23.40 = 70.20*  
CHLORIDE *6 SKs @ 64.00 = 384.00*  
ASC  
HANDLING *178.42 CF x @ 2.48 = 442.48*  
MILEAGE *8.14 x 20 x @ 2.00 = 327.20*  
TOTAL *\$4273.96*

REMARKS:

*mix 165 SKs Cement*  
*Displace with water*  
*Cement Did Circulate*

SERVICE

DEPTH OF JOB *220'*  
PUMP TRUCK CHARGE *\$1512.25*  
EXTRA FOOTAGE  
MILEAGE *20 @ 7.70 = 154.00*  
MANIFOLD *Sledge* @ *\$275.00*  
*LV mileage* @ *\$4.40 = 88.00*

CHARGE TO: *Ritchie Exploration*  
STREET  
CITY STATE ZIP

TOTAL *\$2029.25*

PLUG & FLOAT EQUIPMENT

①  
②  
③  
④

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)  
TOTAL CHARGES *6,302.71*  
DISCOUNT *1,449.62* IF PAID IN 30 DAYS  
*4,853.08 Net*

PRINTED NAME *Jason Robinson*  
SIGNATURE *JR*

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

July 29, 2013

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

Re: ACO1  
API 15-063-22101-00-00  
Selenke 22A 1  
NE/4 Sec.22-13S-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