



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1157988
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: _____



1157988

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Max R. Lovely

GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

COMPANY: **Richie Exploration, Inc**

LEASE: **Hill Creek #4**

FIELD: **E2 W2 NE**

SECTION: **5**

COUNTY: **Scott**

STATE: **KS**

RANGE: **31W**

TWSP: **16**

CONTRACT: **MM #2**

SPUD: **5-28-2013**

RID: **4922**

LTD: **4921**

COMP: **6-7-2013**

TYPE MUD: **Chalk**

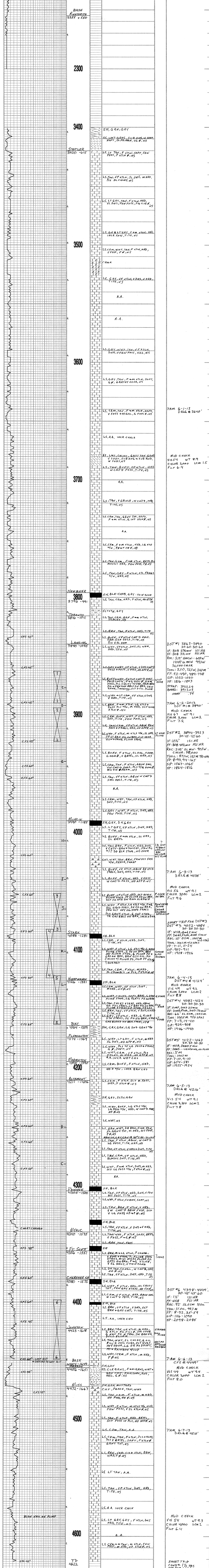
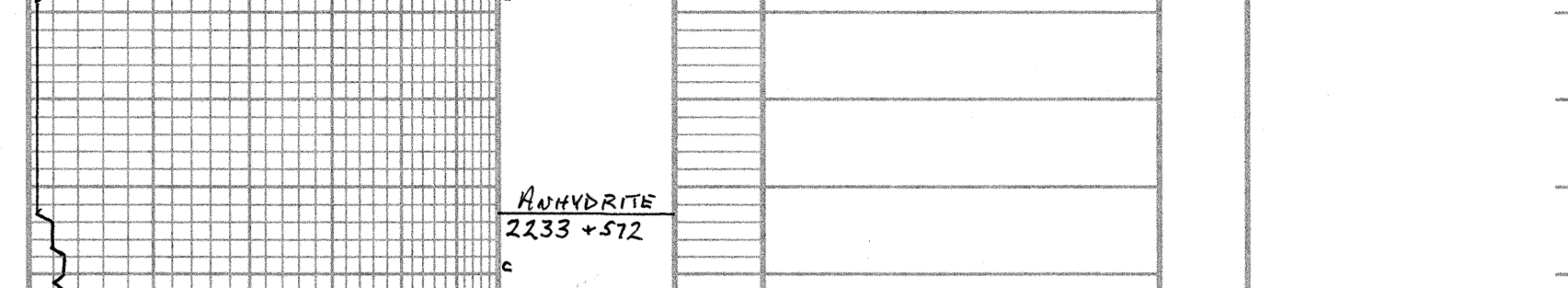
FORMATION TOPS AND STRUCTURAL POSITION

FORMATION

Formation	Sample Top	Electric Log Top	Stratigraphic Data	Structural Position
Hydrate	2233	2255	587	A
Hydrate	2255	2255	587	B
Hydrate	3178	3420	615	C
Stark	3840	3822	-1141	A
Stark	4088	4100	-1383	A
BKC	4184	4173	-1391	A
Hebner	4185	4208	-1401	A
Pearce	4355	4354	-1489	A
Pearce	4355	4354	-1489	A
Fl. Sand	4355	4354	-1489	A
Cherokee Sh	4380	4379	-1504	A
Cherokee Sh	4423	4420	-1524	A
Johnson	4423	4421	-1524	A
Johnson	4423	4421	-1524	A
Johnson	4423	4421	-1524	A
Johnson	4423	4421	-1524	A

REMARKS

LEGEND





#1 Hell Creek 5A

1260' FNL & 1735' FEL

60' N & 85' W of E/2 W/2 NE Section 5-16S-31W

Scott County, Kansas

API# 15-171-20952-0000

Elevation: 2800' GL, 2805' KB

Sample Tops			Ref. Well
Anhydrite	2234'	+571	-16
B/Anhydrite	2255'	+550	-17
Stotler	3420'	-615	+6
Heebner	3796'	-991	+14
Lansing	3840'	-1035	+9
Muncie Shale	3990'	-1185	+24
Stark Shale	4086'	-1281	+20
Hush Shale	4126'	-1321	+18
BKC	4164'	-1359	+22
Marmaton	4195'	-1390	+26
Pawnee	4305'	-1500	+11
Myrick	4340'	-1535	+11
Fort Scott	4356'	-1551	+12
Cherokee Shale	4380'	-1575	+11
Johnson	4423'	-1618	+11
Morrow Sand	4456'	-1651	+14
Mississippian	4472'	-1667	+16
RTD	4622'	-1817	

ALLIED OIL & GAS SERVICES, LLC 060275

Federal Tax I.D. # 20-8651476

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

SERVICE POINT:
Oakley, KS

DATE <u>6-8-13</u>	SEC. <u>5</u>	TWP. <u>16</u>	RANGE <u>31</u>	CALLED OUT	ON LOCATION <u>7:00am</u>	JOB START <u>10:30am</u>	JOB FINISH <u>11:30</u>
LEASE <u>Hell Creek</u>	WELL # <u>1</u>	LOCATION <u>Oakley, 205 4E, 25, 1E,</u>			COUNTY <u>Scott</u>	STATE <u>KS</u>	
OLD OR (NEW) <u>(Circle one)</u>				<u>75' Winto</u>			

CONTRACTOR WU #2
 TYPE OF JOB PTA
 HOLE SIZE 2 7/8 T.D. 4622
 CASING SIZE _____ DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE 4 1/2 DEPTH 2280'
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT 25.2 / 6.61

OWNER Same
 CEMENT AMOUNT ORDERED 290 sks 60/40 490gal
14# Flarseal

EQUIPMENT
 PUMP TRUCK CEMENTER Karlene E. Wente
 # 386/281 HELPER Paul Beaver
 BULK TRUCK
 # 540/287 DRIVER Kevin Ryan
 BULK TRUCK
 # _____ DRIVER _____

COMMON	<u>174 sks</u>	@ <u>17.70</u>	<u>3114.60</u>
POZMIX	<u>116 sks</u>	@ <u>9.35</u>	<u>1084.60</u>
GEL	<u>10 sks</u>	@ <u>23.90</u>	<u>239.00</u>
CHLORIDE		@	
ASC		@	
	<u>Flarseal</u>	<u>73#</u>	@ <u>2.97</u> <u>216.81</u>
		@	
		@	
		@	
		@	
HANDLING	<u>311.46 sks</u>	@ <u>2.48</u>	<u>772.42</u>
MILEAGE	<u>13.01 ton x 35 x</u>	<u>2.60</u>	<u>1183.91</u>
			TOTAL <u>6606.34</u>

REMARKS:
MIX 50 sks 2280'
MIX 80 sks 1600'
MIX 50 sks 800'
MIX 40 sks 225'
MIX 80 sks 60'
plug MH- 205K
plug RH- 305K
Thank you

SERVICE

DEPTH OF JOB	<u>2280'</u>		
PUMP TRUCK CHARGE			<u>2483.59</u>
EXTRA FOOTAGE		@	
MILEAGE <u>MTHW</u>	<u>35</u>	@ <u>7.70</u>	<u>269.50</u>
MANIFOLD		@	
<u>MTHW</u>	<u>35</u>	@ <u>4.40</u>	<u>154.00</u>
		@	
			TOTAL <u>2907.09</u>

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

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.

PLUG & FLOAT EQUIPMENT

_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
TOTAL _____		

PRINTED NAME Lorrie Wang
 SIGNATURE Lorrie Wang

SALES TAX (if Any) _____
 TOTAL CHARGES 9513 ⁴³/₁₀₀
 DISCOUNT 2188 ⁰⁹/₁₀₀ IF PAID IN 30 DAYS;
7325 ³⁴/₁₀₀ NET



ALLIED OIL & GAS SERVICES, LLC 060269

Federal Tax I.D. # 20-8661475

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

SERVICE POINT:
Dakley, KS

DATE <u>5-28-13</u>	SEC. <u>5</u>	TWP. <u>10</u>	RANGE <u>31</u>	CALLED OUT	ON LOCATION <u>5:00 pm</u>	JOB START <u>5:50 pm</u>	JOB FINISH <u>6:10 pm</u>
Heil Creek LEASE <u>SA</u> WELL # <u>1</u>				LOCATION <u>Dakley, 20S, 4E, 23, 1E</u>		COUNTY <u>Scott</u>	STATE <u>KS</u>
OLD OR NEW (Circle one)				75, W & <u>5</u>		Manicourt Rocks	

CONTRACTOR WU #2

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 220'

CASING SIZE 8 1/8 DEPTH 218.23

TUBING SIZE DEPTH

DRILL PIPE DBPTH

TOOL DEPTH

PREV. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15'

PERFS.

DISPLACEMENT 13.661

OWNER same

CEMENT AMOUNT ORDERED 170 sks com 3% acc
2 page 1

COMMON	<u>170 sks @ 19.90</u>	<u>3383.00</u>
POZMIX	@	
GEL	<u>35 sk @ 23.80</u>	<u>70.20</u>
CHLORIDE	<u>6 sk @ 64.00</u>	<u>384.00</u>
ASC	@	
	@	
	@	
	@	
	@	
	@	
	@	
	@	
HANDLING	<u>189.83 sk @ 2.48</u>	<u>469.70</u>
MILBAGE	<u>8.376 x 35 x 2.60</u>	<u>763.49</u>
		TOTAL 4716.59

EQUIPMENT

PUMP TRUCK CEMENTER Harvey E. Wente

386/281 HELPER Paul Beaver

BULK TRUCK

386/306 DRIVER Kevin Ryan

BULK TRUCK

DRIVER

REMARKS:
MIX 170 sks cement
Displace with water
Cement did circulate

SERVICE

DEPTH OF JOB	<u>218.23</u>	
PUMP TRUCK CHARGE		<u>152.25</u>
EXTRA FOOTAGE	@	
MILEAGE MFW	<u>35 @ 7.70</u>	<u>269.50</u>
MANIFOLD <u>swedge</u>	@	<u>275.00</u>
MFW	<u>35 @ 4.40</u>	<u>154.00</u>
	@	
		TOTAL 2210.25

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 is 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 Konnie LANG

SIGNATURE Konnie Lang

SALES TAX (if Any) _____

TOTAL CHARGES 6,907.34

DISCOUNT 1,593.08 IF PAID IN 30 DAYS

5,334.05 Net.

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

September 10, 2013

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

Re: ACO1
API 15-171-20952-00-00
Hell Creek 5A 1
NE/4 Sec.05-16S-31W
Scott 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