



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1171086  
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: \_\_\_\_\_



1171086

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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> _____
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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> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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**#1 Don Unit**

1530' FSL & 2345' FEL

120' S & 35' W of SW NW SE Section 22-13S-31W

Gove County, Kansas

API# 15-063-22130-0000

Elevation: 2902' GL, 2907' KB

Sample Tops			Ref. Well
Anhydrite	2386'	+521	+3
B/Anhydrite	2414'	+493	-5
Stotler	3568'	-661	-4
Heebner	3920'	-1013	-3
Toronto	3943'	-1036	Flat
Lansing	3962'	-1055	-2
Muncie Shale	4118'	-1211	-7
Stark Shale	4200'	-1293	+1
Hush Shale	4245'	-1338	-6
BKC	4283'	-1376	-2
Marmaton	4294'	-1387	-5
Altamont	4334'	-1427	-4
Pawnee	4403'	-1496	-7
Myrick Station	4439'	-1532	-8
Fort Scott	4458'	-1551	-5
Cherokee Shale	4488'	-1581	-11
Johnson	4532'	-1625	-11
Mississippian	4591'	-1684	-17
RTD	4725'	-1818	

# ALLIED OIL & GAS SERVICES, LLC 061289

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Oakley KS

DATE <u>8/26/13</u>	SEC <u>22</u>	TWP <u>13</u>	RANGE <u>31</u>	CALLED OUT	ON LOCATION <u>11:45 a.m.</u>	JOB START <u>12:00 pm</u>	JOB FINISH <u>12:30 p.m.</u>
LEASE <u>Dan Unit</u> WELL # <u>1</u>			LOCATION <u>Oakley 11.54 E to Rd 116.45</u>			COUNTY <u>Gove</u>	STATE <u>KS</u>
OLD OR <u>(NEW)</u> (Circle one)			to Rd 0 1/4e N into				

CONTRACTOR <u>W W 2</u>	OWNER <u>Same</u>
TYPE OF JOB <u>Surface</u>	
HOLE SIZE <u>10 1/4</u> T.D. <u>224.00</u>	CEMENT AMOUNT ORDERED <u>165 sks com 3% CC</u>
CASING SIZE <u>8 5/8</u> DEPTH <u>223.13</u>	<u>2% gel</u>
TUBING SIZE DEPTH	
DRILL PIPE DEPTH	
TOOL DEPTH	
PRES. MAX MINIMUM	COMMON <u>165 sks @ 17.90 2953.50</u>
MEAS. LINE SHOE JOINT	POZMIX @
CEMENT LEFT IN CSG. <u>15'</u>	GRL <u>3 sks @ 23.40 70.20</u>
PERFS.	CHLORIDE <u>6 sks @ 64.00 384.00</u>
DISPLACEMENT <u>13.32 bbl</u>	ASC @

EQUIPMENT	
PUMP TRUCK # <u>422</u> CEMENTER <u>LaBrie Wentz</u>	HANDLING <u>178.42 ft³ @ 2.48 442.48</u>
BULK TRUCK # <u>347</u> DRIVER <u>Elio Cano</u>	MILEAGE <u>8.14 hrs x 20 @ 2.60 423.28</u>
BULK TRUCK # <u>3</u> DRIVER	TOTAL <u>4273.46</u>

REMARKS:  
mix 165 sks com 3% CC 2% gel  
Displace with water  
Cement did circulate  
  
Thank You

CHARGE TO: Ritchie Exploration  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SERVICE		
DEPTH OF JOB		
PUMP TRUCK CHARGE		<u>1512.25</u>
EXTRA FOOTAGE @		
MILEAGE <u>MILW 20</u>	@ <u>7.70</u>	<u>154.00</u>
MANIFOLD <u>Head</u>	@	<u>275.00</u>
<u>MILV 20</u>	@ <u>4.40</u>	<u>88.00</u>
	@	

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.

PRINTED NAME Lorraine Lang  
SIGNATURE Lorraine Lang

SALES TAX (If Any) \_\_\_\_\_  
TOTAL CHARGES 6,302.71  
DISCOUNT 1,449.62 IF PAID IN 30 DAYS  
4,853.08 Net.

TOTAL 2029.25



**CONSOLIDATED**  
Oil Well Services, LLC

262011

TICKET NUMBER 44338  
LOCATION OAKLEY KS  
FOREMAN WALT DINKEL  
DAMON M. TRAINING

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
9-9-13	7173	DON UNIT #1	22	13	31 W	GOVE
CUSTOMER	MAILING ADDRESS		CITY	STATE	ZIP CODE	
RITCHIE EXPLORATION	OAKLEY STONE GOVE RD E 10160 S to 600 RD E 1/4 NW INTO		TRUCK #	DRIVER	TRUCK #	DRIVER
			399	DANE		
			528 T-127	CODY R.		
			RIDE ALONG	STEVEN		

JOB TYPE PORT COLLAR HOLE SIZE \_\_\_\_\_ HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT 5 1/2 15.5  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING 2" OTHER P.C. 2356  
 SLURRY WEIGHT 12.7 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT IN CASING 1 BAR.  
 DISPLACEMENT 8 1/2 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: SAFETY MEETING RIG UP ON RIG PRESSURE BACKSIDE TO 1000#  
FT HELD OPEN TOOL PUMP IN 400# @ 2 1/4 BAR A MINUTE  
MIXED 275 SKS W/ 500# HOLES 60/40 P.OZ 6% GEL 1/4# PLO DISPLACED  
W/ 8 1/2 BAR OF WATER RAN 5 JOINTS ALSO TESTED TOOL @ 1400# HELD  
CIRCULATE HOLE CLEAN RIGGED DOWN

CEMENT DID CIRCULATE

THANK YOU DAMON WALT & CREW

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
			1785.00	1285.00 ✓
54018	1	PUMP CHARGE	5.25	78.75 ✓
5406	15	MILEAGE	430.00	430.00 ✓
5407	11.83	TON MILEAGE DELIVERY (MIN)	15.86	4361.50 ✓
1131	275 SKS	60/40 P.OZ	.27	383.13 ✓
118B	1419#	BETONITE	2.97	204.93 ✓
1107	69#	PLO SEAL	1.58	290.00 ✓
1105	500#	COTTON SEED HOLES		
				7533.31
			<u>LESS 1070</u>	<u>7533.31</u>
				<u>6779.88</u>
			SALES TAX	<u>372.54</u> ✓
			ESTIMATED TOTAL	<u>7152.52</u> ✓

completed

Ravin 3737 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

261984

TICKET NUMBER 44335  
LOCATION OAKLEY KS.  
FOREMAN WALT DINKEL  
DAMON M. TRAINING

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	
9-5-13	7173	DON UNIT #1	22	13	31 W	GOVE	
CUSTOMER		OAKLEY		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS		540 GOVERN		399	JORDON		
CITY		E4016		566	DANIEL		
STATE		RD 540					
ZIP CODE		GOORD					
		BY WINTG					

JOB TYPE PROD HOLE SIZE 7 7/8 HOLE DEPTH 4725 CASING SIZE & WEIGHT 5 1/2 15.5  
CASING DEPTH 4715 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER P.C. 2356  
SLURRY WEIGHT 14.2 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT IN CASING 21.75  
DISPLACEMENT 111 3/4 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 6 BPM

REMARKS: Safety meeting Rig up on WW#2 Run casing @ equipment  
turbolizers 5, 6, 9, 12, 18, 56, 58 ran baskets on top of 11, 56, 70, 89,  
@ 97 port collar on #57 circ for 45 min. on bottom mixed 30SKS IN  
the PM & 20SKS IN MH Pump 500gal of mud flush mixed 200SKS OWC  
5" KOLSEAL 12590 CDI-26 CLEAR PUMP & LINES RELEASED PLUG AND  
DISPLACED 111 3/4 BAR OF WATER 1000# LIFE LANDED PLUG @ 1500# RELEASED  
PRESSURE WATER DRYED UP.

THANK YOU DAMON WALT & CREW

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401c	1	PUMP CHARGE	3075.00	3075.00 ✓
5406	15	MILEAGE	5.25	78.75 ✓
5407	11.75	EDW MILAGE DELIVERY (MIN)	1.75	430.00 ✓
1126	250 SKS.	OWC	23.70	5925.00 ✓
1110A	1250 #	KOLSEAL	156	700.00 ✓
1137	59 #	CDI-26	10.20	601.80 ✓
4454	1	5 1/2 WATCH DOWN PLUG	318.25	318.25 ✓
4285	1	5 1/2 PORT COLLAR (D) #295	2178.75	2178.75 ✓
4136	8	5 1/2 TURBOLIZERS (W)	75.75	606.00 ✓
4104	5	5 1/2 BASKETS	290.00	1450.00 ✓
11446	500 GAL	MUD FLUSH	1.00	500.00 ✓
				15963.55
				15963.36 ✓
				14367.19
			SALES TAX	873.09 ✓
			ESTIMATED TOTAL	15240.28 ✓

completed

Ravin 3737

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.



Max R. Lorely

GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

COMPANY: Ritchie Exploration, Inc.

LEASE #1 Don Linn

FIELD: Annapolis Ridge

LOCATION: S1W NW SE 1/4

SEC: 22 T15P R9

COUNTY: Adams STATE: MD

CONTRACTOR: WW #2

DATE: 9-26-2013

WELL: 4725

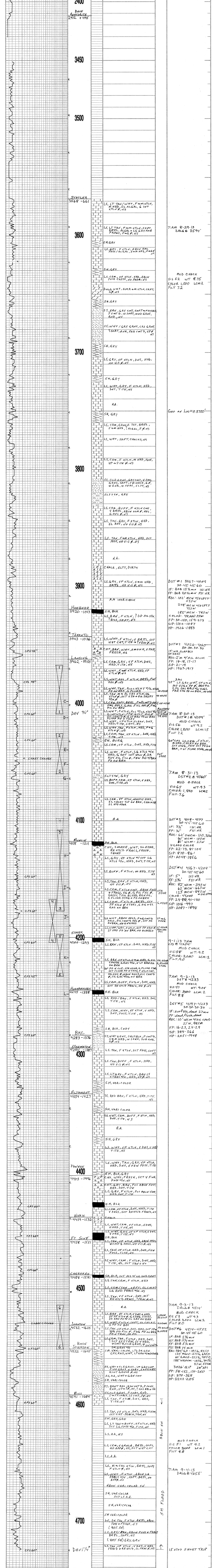
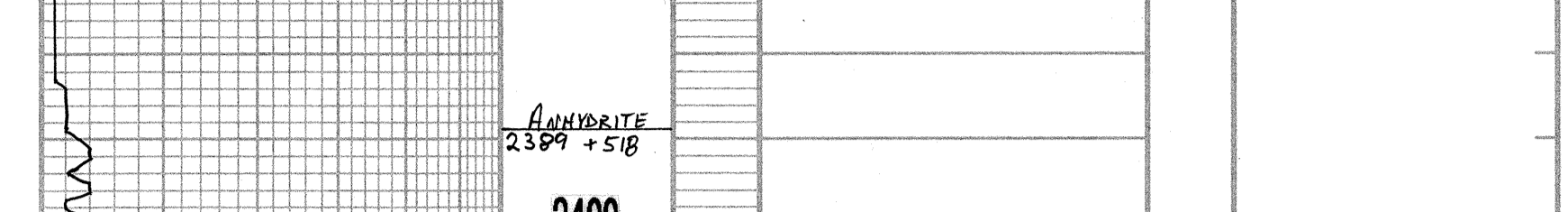
TYPE: MUD UP

FORMATION TOPS AND STRUCTURAL POSITION

Table with columns: Formation, Sample Top, Electric Log Top, Structural Position (A, B, C), and other data points.

REMARKS

LEGEND



DEVIATION: 1/4



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

December 02, 2013

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

Re: ACO1  
API 15-063-22130-00-00  
Don Unit 1  
SE/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,  
Peter Fiorini