

Confidentiality Requested:

Yes No

## Kansas Corporation Commission Oil & Gas Conservation Division

1171229

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 #			API No. 15		
Name:			Spot Description:		
Address 1:			Sec.	TwpS. R	East _ West
Address 2:			F6	eet from North /	South Line of Section
City:	State: Z	ip:+	Fe	eet from East /	West Line of Section
Contact Person:			Footages Calculated from	Nearest Outside Section C	Corner:
Phone: ()			□ NE □ NW	V □SE □SW	
CONTRACTOR: License #			GPS Location: Lat:	, Long:	
Name:				(e.g. xx.xxxxx)	(e.gxxx.xxxxx)
Wellsite Geologist:			Datum: NAD27	NAD83 WGS84	
Purchaser:			County:		
Designate Type of Completion:			Lease Name:	W	ell #:
	e-Entry	Workover	Field Name:		
	_		Producing Formation:		
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW ∏ SIGW	Elevation: Ground:	Kelly Bushing:	
	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total D	epth:
CM (Coal Bed Methane)	dow	Temp. Abd.	Amount of Surface Pipe Se	et and Cemented at:	Feet
☐ Cathodic ☐ Other (Co	ore. Expl., etc.):		Multiple Stage Cementing	Collar Used? Yes	No
If Workover/Re-entry: Old Well I			If yes, show depth set:		
Operator:			If Alternate II completion, c	cement circulated from:	
Well Name:			feet depth to:	w/	sx cmt.
Original Comp. Date:					
Deepening Re-perf	J	ENHR Conv. to SWD	Drilling Fluid Managemer	nt Plan	
Plug Back	Conv. to G		(Data must be collected from to		
Commingled	Permit #		Chloride content:	ppm Fluid volume	: bbls
Dual Completion			Dewatering method used:_		
SWD			Location of fluid disposal if	hauled offsite:	
ENHR	Permit #:				
GSW	Permit #:		Operator Name:		
			Lease Name:		
Spud Date or Date R	eached TD	Completion Date or	Quarter Sec	TwpS. R	East West
Recompletion Date		Recompletion Date	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.

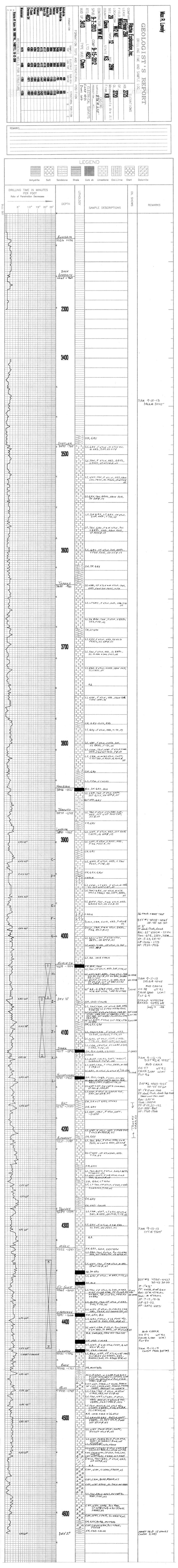
**Submitted Electronically** 

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:

Page Two



Operator Name:				_ Lease N	lame: _			Well #:		
Sec Twp	S. R	East	West	County:						
<b>INSTRUCTIONS:</b> Shopen and closed, flow and flow rates if gas to	ing and shut-in pressu	ires, whe	ther shut-in pre	ssure reach	ned stati	c level, hydrostat	tic pressures, bott			
Final Radioactivity Log files must be submitte						gs must be ema	iled to kcc-well-lo	gs@kcc.ks.go	v. Digital el	ectronic log
Drill Stem Tests Taken (Attach Additional S		Ye	es No		L		n (Top), Depth an			mple
Samples Sent to Geol	ogical Survey	_ Ye	es No		Nam	е		Тор	Da	tum
Cores Taken Electric Log Run		Y€								
List All E. Logs Run:										
			CASING		Ne					
				onductor, su	rface, inte	rmediate, producti			T	
Purpose of String	Size Hole Drilled		e Casing (In O.D.)	Weig Lbs./		Setting Depth	Type of Cement	# Sacks Used		d Percent itives
			ADDITIONAL	CEMENTIN	IG / SQL	EEZE RECORD				
Purpose:	Depth Top Bottom	Туре	of Cement	# Sacks	Used		Type and P	ercent Additives		
Perforate Protect Casing	Jop Zollow									
Plug Back TD Plug Off Zone										
1 ag on zono										
Did you perform a hydrau	ılic fracturing treatment o	n this well?	•			Yes	No (If No, ski	o questions 2 ar	nd 3)	
	otal base fluid of the hydra		J	,	0		_ , , ,	p question 3)		
Was the hydraulic fractur	ing treatment information	submitted	to the chemical o	disclosure reç	gistry?	Yes	No (If No, fill	out Page Three	of the ACO-1	<i>)</i>
Shots Per Foot			D - Bridge Plug Each Interval Perf			Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)  Depth				Depth
	. ,					,		,		
TUBING RECORD:	Size:	Set At:		Packer At	:	Liner Run:				
							Yes No			
Date of First, Resumed	Production, SWD or ENH	IR.	Producing Meth Flowing	od: Pumping	e 🗆	Gas Lift O	ther <i>(Explain)</i>			
Estimated Production Per 24 Hours	Oil B	bls.	Gas	Mcf	Wate	er Bl	ols. G	as-Oil Ratio		Gravity
DISDOSITIO	ON OF GAS:			1ETHOD OF	COMPLE	TION		PRODUCTIO	N INTEDVA	
Vented Sold			Open Hole	Perf.	Dually	Comp. Com	nmingled	THODOGHC	ZIA IIA I ELIAN	
(If vented, Sub			Other (Specify)		(Submit )	ACO-5) (Subr	mit ACO-4)			





#1 Heier 29A

1290' FNL & 2055' FEL 30' N & 75' W of W/2 NE Section 29-12S-28W Gove County, Kansas API# 15-063-22133-0000

Elevation: 2720' GL, 2725' KB

			Ref.
Sample Tops			Well
Anhydrite	2224'	+501	flat
B/Anhydrite	2265'	+460	-5
Stotler	3490°	-765	-10
Heebner	3846'	-1121	-11
Lansing	3890'	-1165	-15
Muncie Shale	4029'	-1304	-15
Stark Shale	4117'	-1392	-15
Hush	4145'	-1420	-15
BKC	4175'	-1450	-13
Altamont	4210'	-1485	-12
Pawnee	4284'	-1559	-8
Fort Scott	4365'	-1640	-9
Cherokee Shale	4391'	-1666	-9
Johnson	4431'	-1706	-7
B/Johnson	4446'	-1721	-10
Mississippian	4470'	-1745	-10
RTD	4620'	-1895	

E

262336

TICKET NUMBER 44339

LOCATION OAKUEJ KS.

FOREMAN FUZZY

	nute, KS 667	40	LD TICKE		IMENT REP	OK)	DAMON M.	Ks.
-431-9210' or	800-467-8676			CEMEN		TOWNSHIP	RANGE	COUNTY
	CUSTOMER#	i/	L NAME & NUM		SECTION		,	BOVE
9-15-13	7173 1	HEIER.	29A #1		29	125	28W	VVZ
ICTOMED		EXPLORA		GOVE	TRUCK#	DRIVER	TRUCK#	DRIVER
AILING ADDRES		UNTEOR	.,,,,,	E2	463	CORY		
באושטון כי				N2	693	TIMW		
TY		STATE	ZIP CODE	_SWINto	RIDE ALCO			
				1				
ов түре Р	770	HOLE SIZE	77/8	HOLE DEPT!	t	CASING SIZE & V	VEIGHT	
•		DRILL PIPE					OTHER	
ASING DEPTH UPPV WEIGHT		SI URRY VOL		WATER gal/s	sk	CEMENT LEFT In	CASING	
			no:	INV DOL		RATE		
IOPLAUEMENT_	401	DIMINUME TO THE PARTY OF THE PA	Rie IIA	BAL HALL	#2 Pau	6 AS ORD	ereo	
LMAKNS: D/	TTY WI	-cung 1	3 40	<u> </u>				
5	@ 22					220	SK5 60/40	POZ 4969
CO SKS	@ 132							14# FL
00 5KS	a 132							
HO SKS					<u></u>		<u></u>	
111 5KS (	10 YO	W/PL46	<del></del>	······································				
30 SKS	an II							
1554	Mouse Ho	sel						
<i>y</i>								
				·····		HANK YOU 7.	PAMON FUE	ZZYYCE
ACCOUNT		V or 10070		DESCRIPTION -		HANK YOU D	UNIT PRICE	TOTAL
ACCOUNT CODE	QUANIT	Y or UNITS			of SERVICES or P	•	UNIT PRICE	TOTAL
CODE			PUMP CHAI			•	UNIT PRICE	TOTAL
5405N	30		PUMP CHAI	RGE	of SERVICES or P	PRODUCT	1345.00 5.25	707AL
5405N 5406			PUMP CHAI	RGE		PRODUCT	UNIT PRICE	TOTAL
5405N 5406	30		PUMP CHAI	RGE	of SERVICES or P	PRODUCT	1395.00 5.25 1.75	1395,0 1575 49890
5405 N 5406 5401A	1 30 9.4	5	PUMP CHAI	RGE	DELIUERY	PRODUCT	UNIT PRICE 1395.00 5.25 1.75	1395.0 157 55 498 90
**************************************	1 30 9.5 220	5 > 5K5	PUMP CHAI MILEAGE ton	RGE MILAGE 40 POZ	DELIUERY	PRODUCT	UNIT PRICE  1395.00  5.7.5  1.75  15.86  127	1395,0 157 55 498 90
**CODE	220 75	5 5 5k5 7 #	PUMP CHAI MILEAGE  ton  60/ BETO	RGE MILAGE 40 POZ	DELIUERY	PRODUCT	UNIT PRICE  1395.00  5.7.5  1.7.5  15.86  127  2.97	107AL  1395.0  1575  498999  3489  3489  3043
**CODE	1 30 9.5 220	5 5 5k5 7 #	PUMP CHAI MILEAGE  ton  60/ BETO  FLO	RGE MILAGE 40 POZ NITE SZAL	DELIVERY	PRODUCT	UNIT PRICE  1395.00  5.7.5  1.75  15.86  127	107AL  1395.0  1575  498999  3489  3489  3043
**************************************	220 75	5 5 5k5 7 #	PUMP CHAI MILEAGE  ton  60/ BETO  FLO	RGE MILAGE 40 POZ NITE	DELIVERY	PRODUCT	UNIT PRICE  1395.00  5.725  1.75  15.86  127  2.97  100.75	1395.0 1575.0 1575.0 1575.0 1689.0 2043.0 1683.0
**CODE	220 75	5 5 5k5 7 #	PUMP CHAI MILEAGE  ton  60/ BETO  FLO	RGE MILAGE 40 POZ NITE SZAL	DELIVERY	PRODUCT	UNIT PRICE 1395.00 5.7.5 1.7.5 15.86 127 2.91 100.75	1395.0 1575 4989 3489 2043 1633 100.73
**CODE	220 75	5 5 5k5 7 #	PUMP CHAI MILEAGE  ton  60/ BETO  FLO	RGE MILAGE 40 POZ NITE SZAL	DELIVERY	PRODUCT	UNIT PRICE 1395.00 5.7.5 1.7.5 15.86 127 2.91 100.75	1395.0 1575 4989 3489 2043 1633 100.73
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**************************************	220 75	5 5 5k5 7 #	PUMP CHAI MILEAGE  ton  60/ BETO  FLO	RGE MILAGE 40 POZ NITE SZAL	DELIVERY	PRODUCT	UNIT PRICE 1395.00 5.7.5 1.7.5 15.86 127 2.91 100.75	1395.0 1575 4989 3489 2043 1633 100.73
**CODE	220 75	5 5 5k5 7 #	PUMP CHAI MILEAGE  ton  60/ BETO  FLO	RGE MILAGE 40 POZ NITE SZAL	DELIVERY	PRODUCT	UNIT PRICE  1395.00  5.7.5  1.7.5  15.86  127  2.91  100.75	707AL  1395.0  1575.0  1575.0  1575.0  1575.0  1575.0  1683.1  1683.1  100.75.0  6009.0
**CODE	220 75	5 5 5k5 7 #	PUMP CHAI MILEAGE  ton  60/ BETO  FLO	RGE MILAGE 40 POZ NITE SZAL	DELIVERY PLUG	PRODUCT	UNIT PRICE  1395.00  5.7.5  1.7.5  15.86  127  2.91  100.75	707AL  1395.0  1575.0  1575.0  1575.0  1575.0  1575.0  1683.1  1683.1  100.75.0  6009.0
**CODE	220 75	5 5 5k5 7 #	PUMP CHAI MILEAGE  ton  60/ BETO  FLO	RGE MILAGE 40 POZ NITE SZAL	DELIVERY PLUG	PRODUCT	UNIT PRICE  1395.00  5.7.5  1.7.5  15.86  127  2.91  100.75	707AL  1395.0  1575  4989  3489  3489  1633  1633  100.73
**CODE	220 75	5 5 5k5 7 #	PUMP CHAI MILEAGE  ton  60/ BETO  FLO	RGE MILAGE 40 POZ NITE SZAL	DELIVERY	PRODUCT	UNIT PRICE  1395.00  5.7.5  1.7.5  15.86  127  2.91  100.75	707AL  1395.0  1575  4989  3489  3489  1633  1633  100.73
**************************************	220 75	5 5 5k5 7 #	PUMP CHAI MILEAGE  ton  60/ BETO  FLO	RGE MILAGE  YO POZ NITE SZAL WOODEN	DELIVERY PLUG	Suz	UNIT PRICE  1395.00  5.725  1.75  15.86  127  2.91  100.75	TOTAL  1395.0  1575.0
**CODE	220 75	5 5 5k5 7 #	PUMP CHAI MILEAGE  ton  60/ BETO  FLO	RGE MILAGE  YO POZ NITE SZAL WOODEN	DELIVERY PLUG	PRODUCT	UNIT PRICE  1395.00  5.725  1.75  15.86  127  2.97  100.75  8 TOTAL  SALES TAX	707AL  1395.0  1575.0  1575.0  1575.0  1575.0  1575.0  1683.1  1683.1  100.75.0  6009.0
TODE 5405 N 5406 5407 A 1131 1188 1107	1 30 9.5 220 757 55	5 5 5k5 7 #	PUMP CHAI MILEAGE  ton  BETO  FLO  85B	RGE MILAGE  YO POZ NITE SZAL WOODEN	DELIVERY PLUG	Suz	UNIT PRICE  1395.00  5.725  1.75  15.86  127  2.91  100.75	TOTAL  1395.0  1575.0

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 061770

Federal Tax I.D. # 20-8651475

SERVICE POINT: Great Boid REMIT TO P.O. BOX 93999 SOUTHLAKE, TEXAS 76092 IOB FINISH 108 START 830pm ON LOCATION CALLED OUT TWP. RANGE DATE 9 COUNTY 2 East LOCATION GOVE LEASE Heier 29A WELL# OLD OR NEW (Circle one) D-2112-5 OWNER CONTRACTOR TYPE OF JOB SURGEL CEMENT AMOUNT ORDERED 165 STO Class A 3600 HOLE SIZE 12次 DEPTH CASING SIZE (% 290,601 DEPTH **TUBING SIZE** DEPTH DRILL PIPE DEPTH TOOL COMMON. MINIMUM PRES. MAX POZMIX SHOE JOINT MEAS, LINE 70.20 23.40 GEL CEMENT LEFT IN CSG. 15 F1 @ <u>67.00</u> CHLORIDE PERFS. **@** ASC\_ DISPLACEMENT 13,35 @ **EQUIPMENT** CEMENTER JUST 1800C PUMP TRUCK HELPER Ben Murel # 366 BULK TRUCK @ 609-112 DRIVER DAG **BULK TRUCK** @ 2.48 DRIVER HANDLING 178. 34 MILEAGE 813 X 45 X TOTAL 4. 800. REMARKS: - Rig up - head Softed preeting and didnot cipulate SERVICE Evn 8/4 casing, Break cicolorism w/ Rug much Host upremme pump -Pump 5 bbls A hood DEPTH OF JOB X 135 5 85 (165) A 3/B 16 Z/2 gu PUMPTRUCK CHARGE 1512. displace 13.35 bbbs Fresh water / Shurth EXTRA FOOTAGE eneux diffrot circutare MILEAGE HUM Dogodowa en boxx lines tubing MANIFOLD @ Wir 30 3ks class A3 you 246 gol Count did circum @ CHARGETO: Ritchic EXploration TOTAL 2.054 CITY\_\_\_\_\_STATE\_\_\_\_ZIP\_\_ PLUG & FLOAT EQUIPMENT 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 TOTAL \_\_\_\_ done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL SALES TAX (If Any) TERMS AND CONDITIONS" listed on the reverse side. نما TOTAL CHARGES DISCOUNT -IF PAID IN 30 DAYS

a

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/

Sam Brownback, Governor

Mark Sievers, Chairman Thomas E. Wright, Commissioner Shari Feist Albrecht, Commissioner

December 03, 2013

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

Re: ACO1 API 15-063-22133-00-00 Heier 29A 1 NE/4 Sec.29-12S-28W 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