



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1171259
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: _____



1171259

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

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Max R. Lowrey

GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

COMPANY: **Phillips Exporation, Inc.**

LEASE: **North Star 2AC**

LOCATION: **SE SW 17**

COUNTY: **Wichita** STATE: **KS**

CONTRACTOR: **MW #2** DATE: **8-21-13**

SPUD: **8-1-2013** LWD: **5074**

RID: **5070** TYPE: **MUD CHEN**

FORMATION	SHAPE	ELECTRIC	SIB-SEA	STRUCTURAL
Depth	Top	Log Top	Depth	Position
2449	2449	2449	711	A
2489	2489	2489	714	B
2529	2529	2529	717	C
2569	2569	2569	720	
2609	2609	2609	723	
2649	2649	2649	726	
2689	2689	2689	729	
2729	2729	2729	732	
2769	2769	2769	735	
2809	2809	2809	738	
2849	2849	2849	741	
2889	2889	2889	744	
2929	2929	2929	747	
2969	2969	2969	750	
3009	3009	3009	753	
3049	3049	3049	756	
3089	3089	3089	759	
3129	3129	3129	762	
3169	3169	3169	765	
3209	3209	3209	768	
3249	3249	3249	771	
3289	3289	3289	774	
3329	3329	3329	777	
3369	3369	3369	780	
3409	3409	3409	783	
3449	3449	3449	786	
3489	3489	3489	789	
3529	3529	3529	792	
3569	3569	3569	795	
3609	3609	3609	798	
3649	3649	3649	801	
3689	3689	3689	804	
3729	3729	3729	807	
3769	3769	3769	810	
3809	3809	3809	813	
3849	3849	3849	816	
3889	3889	3889	819	
3929	3929	3929	822	
3969	3969	3969	825	
4009	4009	4009	828	
4049	4049	4049	831	
4089	4089	4089	834	
4129	4129	4129	837	
4169	4169	4169	840	
4209	4209	4209	843	
4249	4249	4249	846	
4289	4289	4289	849	
4329	4329	4329	852	
4369	4369	4369	855	
4409	4409	4409	858	
4449	4449	4449	861	
4489	4489	4489	864	
4529	4529	4529	867	
4569	4569	4569	870	
4609	4609	4609	873	
4649	4649	4649	876	
4689	4689	4689	879	
4729	4729	4729	882	
4769	4769	4769	885	
4809	4809	4809	888	
4849	4849	4849	891	
4889	4889	4889	894	
4929	4929	4929	897	
4969	4969	4969	900	
5009	5009	5009	903	
5049	5049	5049	906	
5089	5089	5089	909	
5129	5129	5129	912	
5169	5169	5169	915	
5209	5209	5209	918	
5249	5249	5249	921	
5289	5289	5289	924	
5329	5329	5329	927	
5369	5369	5369	930	
5409	5409	5409	933	
5449	5449	5449	936	
5489	5489	5489	939	
5529	5529	5529	942	
5569	5569	5569	945	
5609	5609	5609	948	
5649	5649	5649	951	
5689	5689	5689	954	
5729	5729	5729	957	
5769	5769	5769	960	
5809	5809	5809	963	
5849	5849	5849	966	
5889	5889	5889	969	
5929	5929	5929	972	
5969	5969	5969	975	
6009	6009	6009	978	
6049	6049	6049	981	
6089	6089	6089	984	
6129	6129	6129	987	
6169	6169	6169	990	
6209	6209	6209	993	
6249	6249	6249	996	
6289	6289	6289	999	
6329	6329	6329	1002	
6369	6369	6369	1005	
6409	6409	6409	1008	
6449	6449	6449	1011	
6489	6489	6489	1014	
6529	6529	6529	1017	
6569	6569	6569	1020	
6609	6609	6609	1023	
6649	6649	6649	1026	
6689	6689	6689	1029	
6729	6729	6729	1032	
6769	6769	6769	1035	
6809	6809	6809	1038	
6849	6849	6849	1041	
6889	6889	6889	1044	
6929	6929	6929	1047	
6969	6969	6969	1050	
7009	7009	7009	1053	
7049	7049	7049	1056	
7089	7089	7089	1059	
7129	7129	7129	1062	
7169	7169	7169	1065	
7209	7209	7209	1068	
7249	7249	7249	1071	
7289	7289	7289	1074	
7329	7329	7329	1077	
7369	7369	7369	1080	
7409	7409	7409	1083	
7449	7449	7449	1086	
7489	7489	7489	1089	
7529	7529	7529	1092	
7569	7569	7569	1095	
7609	7609	7609	1098	
7649	7649	7649	1101	
7689	7689	7689	1104	
7729	7729	7729	1107	
7769	7769	7769	1110	
7809	7809	7809	1113	
7849	7849	7849	1116	
7889	7889	7889	1119	
7929	7929	7929	1122	
7969	7969	7969	1125	
8009	8009	8009	1128	
8049	8049	8049	1131	
8089	8089	8089	1134	
8129	8129	8129	1137	
8169	8169	8169	1140	
8209	8209	8209	1143	
8249	8249	8249	1146	
8289	8289	8289	1149	
8329	8329	8329	1152	
8369	8369	8369	1155	
8409	8409	8409	1158	
8449	8449	8449	1161	
8489	8489	8489	1164	
8529	8529	8529	1167	
8569	8569	8569	1170	
8609	8609	8609	1173	
8649	8649	8649	1176	
8689	8689	8689	1179	
8729	8729	8729	1182	
8769	8769	8769	1185	
8809	8809	8809	1188	
8849	8849	8849	1191	
8889	8889	8889	1194	
8929	8929	8929	1197	
8969	8969	8969	1200	
9009	9009	9009	1203	
9049	9049	9049	1206	
9089	9089	9089	1209	
9129	9129	9129	1212	
9169	9169	9169	1215	
9209	9209	9209	1218	
9249	9249	9249	1221	
9289	9289	9289	1224	
9329	9329	9329	1227	
9369	9369	9369	1230	
9409	9409	9409	1233	
9449	9449	9449	1236	
9489	9489	9489	1239	
9529	9529	9529	1242	
9569	9569	9569	1245	
9609	9609	9609	1248	
9649	9649	9649	1251	
9689	9689	9689	1254	
9729	9729	9729	1257	
9769	9769	9769	1260	
9809	9809	9809	1263	
9849	9849	9849	1266	
9889	9889	9889	1269	
9929	9929	9929	1272	
9969	9969	9969	1275	
10009	10009	10009	1278	
10049	10049	10049	1281	
10089	10089	10089	1284	
10129	10129	10129	1287	
10169	10169	10169	1290	
10209	10209	10209	1293	
10249	10249	10249	1296	
10289	10289	10289	1299	
10329	10329	10329	1302	
10369	10369	10369	1305	
10409	10409	10409	1308	
10449	10449	10449	1311	
10489	10489	10489	1314	
10529	10529	10529	1317	
10569	10569	10569	1320	
10609	10609	10609	1323	
10649	10649	10649	1326	
10689	10689	10689	1329	
10729	10729	10729	1332	
10769	10769	10769	1335	
10809	10809	10809	1338	
10849	10849	10849	1341	
10889	10889	10889	1344	
10929	10929	10929	1347	
10969	10969	10969	1350	
11009	11009	11009	1353	
11049	11049	11049	1356	
11089	11089	11089	1359	
11129	11129	11129	1362	
11169	11169	11169	1365	
11209	11209	11209	1368	
11249	11249	11249	1371	
11289	11289	11289	1374	
11329	11329	11329	1377	
11369	11369	11369	1380	
11409	11409	11409	1383	
11449	11449	11449	1386	
11489	11489	11489	1389	
11529	11529	11529	1392	
11569	11569	11569	1395	
11609	11609	11609	1398	
11649	11649	11649	1401	
11689	11689	11689	1404	
11729	11729	11729	1407	
11769	11769	11769	1410	
11809	11809	11809	1413	
11849	11849	11849	1416	
11889	11889	11889	1419	
11929	11929	11929	1422	
11969	11969	11969	1425	
12009	12009	12009	1428	
12049	12049	12049	1431	
12089	12089	12089	1434	
12129	12129	12129	1437	
12169	12169	12169	1440	
12209	12209	12209	1443	
12249	12249	12249	1446	
12289	12289	12289	1449	
12329	12329	12329	1452	
12369	12369	12369	1455	
12409	12409	12409	1458	
12449	12449	12449	1461	
12489	12489	12489	1464	
12529	12529	12529	1467	
12569	12569	12569	1470	
12609	12609	12609	1473	
12649	12649	12649	1476	
12689	12689	12689	1479	
12729	12729	12729	1482	
12769	12769	12769	1485	



#1 North Six 25C
385' FSL & 865' FWL
55' N & 125' W of SE SW SW Section 25-17S-35W
Wichita County, Kansas
API# 15-203-20229-0000
Elevation: 3175' GL, 3180' KB

Sample Tops			Ref. Well
Anhydrite	2449'	+731	+17
B/Anhydrite	2469'	+711	+17
Stotler	3631'	-451	+10
Heebner	4015'	-835	+10
Lansing	4063'	-883	+8
Muncie Shale	4255'	-1075	+4
Stark Shale	4358'	-1178	+8
BKC	4449'	-1269	+5
Marmaton	4485'	-1305	+3
Altamont	4513'	-1333	+5
Pawnee	4610'	-1430	+1
Myrick	4633'	-1453	+6
Fort Scott	4646'	-1466	+6
Cherokee Shale	4671'	-1491	+4
Johnson	4777'	-1597	+13
B/Johnson	4812'	-1632	+11
Morrow	4815'	-1635	+15
Mississippian	4920'	-1740	+18
RTD	5070'	-1890	

ALLIED OIL & GAS SERVICES, LLC 061242

Federal Tax I.D. # 20-8651475

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

Normal Six 250' /

SERVICE POINT: Orkney, Ky

DATE <u>8/14/12</u>	SEC. <u>25</u>	TWP. <u>17</u>	RANGE <u>35</u>	CALLED OUT	ON LOCATION	JOB START <u>2:30</u>	JOB FINISH <u>3:00</u>
LEASE <u>05</u>	WELL # <u>C1</u>	LOCATION <u>Scatterly 70190 W</u>			COUNTY <u>Wichita</u>	STATE <u>Ky</u>	

CONTRACTOR WWD

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D.

CASING SIZE 8 5/8 DEPTH 285 1/2

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOES JOINT

CEMENT LEFT IN CSG. 15'

PERFS.

DISPLACEMENT 13.377

OWNER Same

CEMENT AMOUNT ORDERED 160 Can 3070 CC

COMMON	<u>160</u>	@ <u>12.90</u>	<u>2064.00</u>
POZMIX		@	
GBL	<u>3</u>	@ <u>24.00</u>	<u>72.00</u>
CHLORIDE	<u>6</u>	@ <u>64.00</u>	<u>384.00</u>
ASC		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>173.00</u>	@ <u>2.40</u>	<u>415.20</u>
MILEAGE	<u>200</u>	@ <u>2.90</u>	<u>580.00</u>
			TOTAL <u>4274.20</u>

EQUIPMENT

PUMP TRUCK CEMENTER Alan Ryan

1122 HELPER Wm. Mahogany

BULK TRUCK

340 DRIVER Daniel Scariano

BULK TRUCK

DRIVER

REMARKS:

Outlook on, Bulky, Circulate, No Cement, Displacement

Shut in

Cement Del Circulate

Franky - Alan, Wm, Daniel

SERVICE

DEPTH OF JOB			
PUMP TRUCK CHARGE			<u>1512.35</u>
EXTRA FOOTAGE	@		
MILEAGE	<u>50</u>	@ <u>7.20</u>	<u>360.00</u>
MANIFOLD	@		
<u>Citellville 50</u>	@ <u>4.40</u>		<u>220.00</u>
	@		

CHARGE TO: Ritchie Exp.

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL 2117.25

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) _____

TOTAL CHARGES 6,891.54

DISCOUNT 1,585.05 IF PAID IN 30 DAYS

5,306.48 Net.

PRINTED NAME Lonnie Loney

SIGNATURE [Signature]

R

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 03, 2013

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

Re: ACO1
API 15-203-20229-00-00
North Six 25C 1
SW/4 Sec.25-17S-35W
Wichita 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