



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1188346
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: _____

1188346

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)*

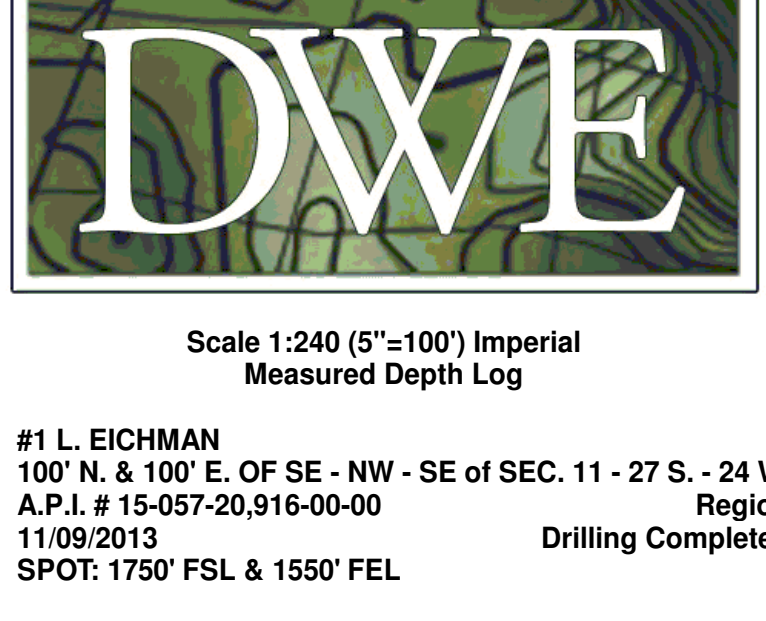
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Scale 1:240 (5"=100') Imperial
Measured Depth Log

Well Name: #1 L. EICHMAN
Location: 100' N. & 100 E. OF SE - NW - SE OF SEC. 11 - 27 S. - 24 W.
License Number: A.P.I. # 15-057
Surface Coordinates: SPOT: 1750' FSL & 1550' FEL
Bottom Hole Coordinates: 2436' K.B. Elevation (ft); 2446' K.B. Elevation (ft); 2402' W to Top of Drift (ft); 2402' W to Top of Drift (ft)
Formation: MISSISSIPPIAN
Type of Drilling Fluid: Chemical/Polymers/Gel
Printed by WellSight Log Viewer from WellSight Systems 1-800-447-1534 www.WellSight.com

OPERATOR

Company: RITCHE EXPLORATION, INC. KCC LICENSE # 4767
Address: P.O. BOX 783
WICHITA, KANSAS 67278-3188

GEOLOGIST

Name: David P. Williams
Company: DW Energy, Inc.
Address: 3102 North Street
Wichita, Kansas 67208

CASING & DEVIATION

Surface Casing 8 5/8" set at 415' (9 Jts) (23#). Cemented w/ 310 cc Class A 3% cc 2% Gel (Allied Cementing).
Cement Did Circulate to Surface.
Stone Coral Anhydrite Sample Top = 1472' (+974'); Base = 1521' (+925); Stone Coral Anhydrite E. Log Top = 1482' (+964); Base = 1524' (+922).
Deviation Survey's Taken: @ 415' = 1 degree; @ 4805' = 0 degree; @ 5082' = 1/2 degree.

DSTs

DST # 1-- 4776-4812'. Times: 30" 30"
Blow: IF=Weak Surface Blow 11"; FF=Weak Surface Blow 11";
Recovery: 25' Very Slightly Oil Spotted Mud (100%) Mud.
Pressures: IH=2422#; FH=2321#; IF=47-66#; FF=56-66#; ISIP=1002#; FSIIP=942#; Temp=113 degrees F.
DST # 2-- 4840-4945'. Times: 30" 45"
Blow: IF=Weak Surface Blow Build 3"; FF=Weak Surface Blow Build 2.5";
Recovery: 52' Mud. (100%) Mud.
Pressures: IH=2339#; FH=2363#; IF=112-146#; FF=119-122#; ISIP=189#; FSIIP=202#; Temp=113 degrees F.
DST # 3-- 4909-4945'. Times: 30" 45"
Blow: IF=Weak Surface Blow Build 1.5"; FF=Weak Surface Blow Build 1.5";
Recovery: 45' Very Lightly Oil Spotted Mud (100%) Mud. Pressures: IH= 2563#; FH=2380#; IF=74-82#; FF=86-91#; ISIP=782#; FSIIP=348#; Temp=120 degrees F.

Comments

After review of all geologic samples as examined, structural correlation to offsetting prior drilled wells, combined with the fluid and pressures results from the drill stem test taken and electric log analysis, it was determined by all parties that this well appears to be non-commercial and should be plugged and abandoned.

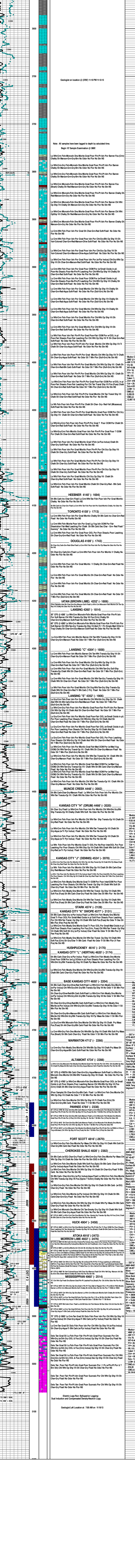
Respectfully submitted,

David P. Williams, P.G

ROCK TYPES legend with color-coded boxes for Anhy, Bent, Brec, Carb sh, Cht, Cyst, Coal, Congl, Dol, Grn sh, Gry sh, Gyp, Igne, Lmst, Meta, Mst, Red shale, Shale, Siltst, Ss, Tll, and Shcol.

ACCESSORIES legend with boxes for Hymn, Angh, Argm, Arg, Bent, Breccfrag, Calc, Carb, Chtkd, Chtlt, Dol, Feldspar, Ferpel, Ferr, Glau, Gyp, Pellet, Pflite, Plant, Strom, Coral, Crin, Bryozoa, Cephal, Echin, Foram, Fossil, Gasto, Ls, Oolite, Oomold, Ostra, Pelec, and others.

OTHER SYMBOLS legend with boxes for Porosity, Sorting, Rounding, Even, Spotted, Subrn, Subang, Angular, Interval, Gas show, and others.



Electric Logs Run by Superior Logging; Dual Induction and Compensated Density/GR logs. Geologist Left Location at: 7:00 AM on 11/19/13



#1 L. Eichman

1750' FSL & 1550' FEL

100' N & 100' E of SE NW SE Section 11-27S-24W

Ford County, Kansas

API# 15-057-20916-0000

Elevation: 2436' GL, 2446' KB

Sample Tops			Ref. Well
Anhydrite	1480'	+966	+11
B/Anhydrite	1521'	+925	+13
Stotler	3486'	-1040	+15
Heebner	4137'	-1691	+15
Lansing	4252'	-1806	+13
Muncie Shale	4448'	-2002	+6
Stark Shale	4572'	-2126	+12
Hush	4614'	-2168	+8
BKC	4646'	-2200	+14
Altamont	4728'	-2282	+12
Pawnee	4782'	-2336	+7
Cherokee Shale	4825'	-2379	+11
Huck	4898'	-2452	+9
Atoka Shale	4916'	-2470	+9
Morrow Sand	4932'	-2486	+11
Mississippian	4958'	-2512	-2
RTD	5080'	-2634	

L. EIDHMAN / ALLIED OIL & GAS SERVICES, LLC 061052

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
W. J. Purdy

DATE <i>11-9-13</i>	SEC. <i>11</i>	TWP. <i>24</i>	RANGE <i>24</i>	CALLED OUT	ON LOCATION <i>8:00 AM</i>	JOB START <i>8:30 AM</i>	JOB FINISH <i>9:30 AM</i>
LEASE <i>Eidhman</i>		WELL # <i>1</i>		LOCATION <i>W. J. Purdy 5054 15</i>		COUNTY <i>Pd</i>	STATE <i>KS</i>
OLD OR <input checked="" type="radio"/> NEW (Circle one)				<i>W. J. Purdy</i>			

CONTRACTOR <i>V. J. #1</i>	
TYPE OF JOB <i>Surface</i>	
HOLE SIZE <i>12 1/4</i>	T.D.
CASING SIZE <i>4 1/2</i>	DEPTH <i>415 FT</i>
TUBING SIZE <i>2 1/2</i>	DEPTH <i>100 FT</i>
DRILL PIPE <i>4 1/2</i>	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG. <i>15 FT</i>	
PERFS.	
DISPLACEMENT <i>25.48 bbls</i>	

OWNER			
CEMENT			
AMOUNT ORDERED <i>310 SKS Class A</i>			
<i>34 cc 24 gal</i>			
COMMON	<i>310</i>	@ <i>17.90</i>	<i>5,549.00</i>
POZMIX		@	
GEL	<i>6</i>	@ <i>23.40</i>	<i>140.40</i>
CHLORIDE	<i>874</i>	@ <i>.80</i>	<i>699.20</i>
ASC		@	
HANDLING <i>335.19</i> @ <i>2.4%</i> <i>831.27</i>			
MILEAGE <i>15.29 X 45 X</i> <i>2.60</i> <i>1,789.26</i>			
TOTAL			<i>9,009.73</i>

EQUIPMENT	
PUMP TRUCK	CEMENTER <i>Dustin Chambers</i>
# <i>3924</i>	HELPER <i>Josh F. Nace</i>
BULK TRUCK	
# <i>1009-112</i>	DRIVER <i>Mike Scoborn</i>
BULK TRUCK	
#	DRIVER

REMARKS:
*Break off circulation with P. J. hand
Pump 5 bbls Geshwar
max 310 SKS cement
Displace 25.48 bbls & start
cement P. J. circulation
P. J. P. J. 8:00 AM
P. J. P. J.*

CHARGE TO: *Proche 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.

PRINTED NAME *Walter Purcell*
SIGNATURE *Walter Purcell*
Thank You!!

SERVICE			
DEPTH OF JOB			
PUMP TRUCK CHARGE	<i>1512.35</i>		
EXTRA FOOTAGE	@		
MILEAGE <i>Hvm 45</i>	@ <i>7.70</i>	<i>346.50</i>	
MANIFOLD	@		
<i>hvm 45</i>	@ <i>4.40</i>	<i>198.00</i>	
TOTAL			<i>2,056.75</i>

PLUG & FLOAT EQUIPMENT			
	@		
	@		
	@		
	@		
	@		
TOTAL			

SALES TAX (If Any) _____
TOTAL CHARGES *11,066.48*
2,213.30
DISCOUNT _____ IF PAID IN 30 DAYS
8,853.18



ALLIED OIL & GAS SERVICES, LLC 061057

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Great Bend, KS

DATE <u>11-19-17</u>	SEC. <u>11</u>	TWP. <u>27S</u>	RANGE <u>29W</u>	CALLED OUT	ON LOCATION	JOB START <u>9:30 AM</u>	JOB FINISH <u>10:00 AM</u>
LEASE <u>Etchman</u>	WELL # <u>1</u>	LOCATION <u>Wright US Wind</u>			COUNTY <u>Ford</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)							

L. Etchman

CONTRACTOR Val Energy #1

TYPE OF JOB Rotary Plug

HOLE SIZE 12 1/4 T.D. _____

CASING SIZE 6 7/8 DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2 DEPTH 1500

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. #11

PERFS. _____

DISPLACEMENT Fresh water / mud

EQUIPMENT _____

CEMENT AMOUNT ORDERED <u>270 s/ks 600F. class A</u>		
<u>40% port 4.7961 'm fls</u>		
COMMON <u>132</u>	@ <u>17.90</u>	<u>2362.80</u>
POZMIX <u>88</u>	@ <u>9.35</u>	<u>822.80</u>
GEL <u>8</u>	@ <u>23.40</u>	<u>187.20</u>
CHLORIDE _____	@ _____	_____
ASC _____	@ _____	_____
<u>Flo Seal 55</u>	@ <u>2.97</u>	<u>163.35</u>
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
HANDLING <u>236.99</u>	@ <u>2.48</u>	<u>587.75</u>
MILEAGE <u>9.88X 45</u>	x <u>2.60</u>	<u>1155.84</u>
		TOTAL <u>5279.86</u>

PUMP TRUCK CEMENTER Dustin Chambers

366 HELPER Ben Newell

BULK TRUCK _____

44170 DRIVER Kevin Welchows

BULK TRUCK _____

_____ DRIVER _____

REMARKS:

- Fill hole with 60 gels
- 1. 1500 - 50 gels
- 2. 550 - 50 gels
- 3. 445 - 50 gels
- 4. 60 - 20 gels
- 5. BH - 20 gels
- 6. MH - 20 gels
- Plug Down

SERVICE

DEPTH OF JOB _____	<u>1500</u>	_____
PUMP TRUCK CHARGE _____	<u>2249.34</u>	_____
EXTRA FOOTAGE _____	@ _____	_____
MILEAGE <u>HVM 45</u>	@ <u>7.70</u>	<u>346.50</u>
MANIFOLD _____	@ _____	_____
<u>LVM 45</u>	@ <u>4.40</u>	<u>198.00</u>
_____	@ _____	_____

TOTAL 2,794.34

CHARGE TO: Birchre 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 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 X Walter Parcell

SIGNATURE [Signature]

Thank You!!

SALES TAX (If Any) _____	_____
TOTAL CHARGES <u>8074.20</u>	_____
DISCOUNT <u>-1614.84</u>	IF PAID IN 30 DAYS
<u>\$6459.36</u>	_____

