



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1200294
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: _____

1200294

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

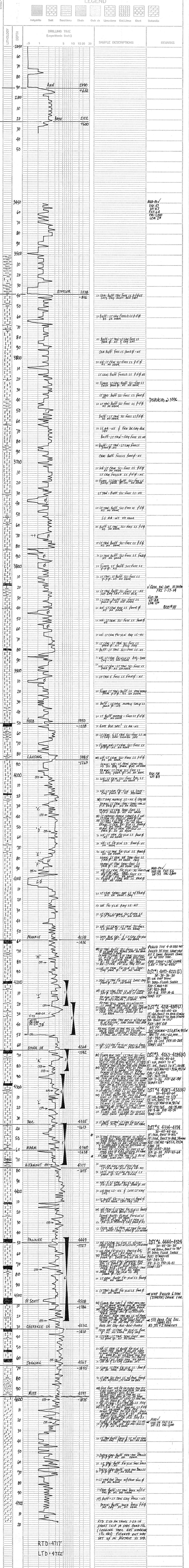
DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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OPERATOR: RITCHEE EXPLORATION, INC.
LOCATION: #1 HAMMERS #1 UNIT
FIELD: WILDCAT
SEG: SE SEC 30 T29N R10W
COUNTY: LANE STATE KS
WELL LOG SURVEYS: COMP DENSITY FOR. DUAL DENSITOMETER

DATE: 11-17-17
LOG TO: 4717
LOG FROM: 3650
WELL NO.: 1705 SRS. Prod 2017

FORMATION	THICKNESS (Feet)	START DEPTH (Feet)	STOP DEPTH (Feet)	STATUS
ANHYDRITE	6200-4730	2090	2122	1-3
BASE	2122-4509	2122	2600	1-3
STETLER	3541-819	3538	3600	1-3
HEEB	3482-1280	3950	4228	1-3
MINNER	4186-1286	3195	4228	1-3
STARK SH	4466-746	4248	4542	1-3
BECK	4389-1617	4385	4615	1-3
ALTIMONT	4384-1662	4381	4655	1-3
PAWNEE	4524-1732	4520	4717	1-3
CHEROKEE SH	4524-1814	4520	4810	1-3
JOHNSON	4520-1848	4520	4845	1-3
MISS	4520-1876	4520	4875	1-3

DATE	TIME	DEPTH (Feet)	LOG TYPE	REMARKS
11-17-17	08:00	2090	LOG	START
11-17-17	08:15	2122	LOG	BASE
11-17-17	08:30	3538	LOG	STETLER
11-17-17	08:45	3600	LOG	HEEB
11-17-17	09:00	3950	LOG	MINNER
11-17-17	09:15	4228	LOG	STARK SH
11-17-17	09:30	4385	LOG	BECK
11-17-17	09:45	4615	LOG	ALTIMONT
11-17-17	10:00	4655	LOG	PAWNEE
11-17-17	10:15	4810	LOG	CHEROKEE SH
11-17-17	10:30	4845	LOG	JOHNSON
11-17-17	10:45	4875	LOG	MISS



RTD = 4717'
LTD = 4722'



#1 Hammeke Unit

335' FSL & 2470' FWL

5' N & 160' E of SE SE SW Section 13-18S-28W

Lane County, Kansas

API# 15-101-22485-0000

Elevation: 2717' GL, 2722' KB

Sample Tops			Ref. Well
Anhydrite	2090'	+632	+4
B/Anhydrite	2122'	+600	+4
Stotler	3538'	-816	Flat
Heebner	3947'	-1225	-6
Lansing	3984'	-1262	-5
Muncie Shale	4158'	-1436	-6
Stark Shale	4260'	-1538	-8
Hush	4293'	-1571	-7
BKC	4335'	-1613	-9
Marmaton	4362'	-1640	-11
Altamont	4377'	-1655	-9
Pawnee	4448'	-1726	-8
Myrick	4484'	-1762	-10
Fort Scott	4508'	-1786	-9
Cherokee Shale	4531'	-1809	-9
Johnson	4567'	-1845	-8
Mississippian	4597'	-1875	-6
RTD	4717'	-1995	

ALLIED OIL & GAS SERVICES, LLC 062530

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Oakley, KS

DATE <u>1-14-14</u>	SEC. <u>13</u>	TWP. <u>8</u>	RANGE <u>28</u>	CALLED OUT	ON LOCATION <u>6:20pm</u>	JOB START <u>6:30pm</u>	JOB FINISH <u>7:00pm</u>
LEASE <u>Unit</u>	WELL# <u>1</u>	LOCATION <u>Dighton E to Pawnee Rd</u>		COUNTY <u>Lane</u>	STATE <u>KS</u>		
OLD OR <u>NEW</u> (Circle one)				<u>Y&E, Duffo</u>			

CONTRACTOR WJW
 TYPE OF JOB Surface
 HOLE SIZE 12 1/8" T.D. 239'
 CASING SIZE 8 7/8" DEPTH 238.06'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 15'
 PERFS. _____
 DISPLACEMENT 14.28 bbl

OWNER Same.
 CEMENT AMOUNT ORDERED 170 SKS Com 3% CC
2% got
 COMMON 170 SKS @ 19.20 3043.00
 POZMIX _____ @ _____
 GBL 3 SKS @ 23.40 70.20
 CHLORIDE 6 SKS @ 64.00 384.00
 ASC _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING 18303.34 @ 2.48 453.90
 MILEAGE 2.37 km X 70 X 2.60 1326.98
 TOTAL 5988.08

EQUIPMENT
 PUMP TRUCK CEMENTER hokone & wank
 # 423/281 HELPER Andrew Fortlund
 BULK TRUCK DRIVER Braundon wilkinson
 # 878/287
 BULK TRUCK DRIVER _____
 # _____

REMARKS:
Mix 170 SKS cement
Displace with water
Cement did circulate
Thank you

SERVICE
 DEPTH OF JOB 238.06'
 PUMP TRUCK CHARGE 1512.23
 EXTRA FOOTAGE _____ @ _____
 MILEAGE MEHU 70 @ 7.90 539.00
 MANIFOLD MEHU 70 @ 4.40 308.00
 _____ @ _____

CHARGE TO: Ritehite
 STREET _____
 CITY _____ STATE _____ ZIP _____

TOTAL 2634.95

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 Lonnig Lang
 SIGNATURE Lonnig Lang

SALES TAX (if Any) _____
 TOTAL CHARGES 8,114.33
 DISCOUNT 1,785.15 IF PAID IN 30 DAYS
6,329.17 Net.



CONSOLIDATED
Oil Well Services, LLC

265617

TICKET NUMBER 43065
LOCATION DAKLEY KS
FOREMAN DAMON M. DARREN R.

PO Box 884, Chanute, KS 66720
620-451-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT

KS.

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
1-24-14	7173	HAMMEKE UNIT #1	13	18	28 W	LANE	
CUSTOMER RITCHIE EXPLORATION		Dighton E N INTO		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 8100 E. 22ND ST. #100				399	TIM W		
CITY WICHITA		STATE KS	ZIP CODE 67218	460	MIKE R		
P.O. BOX 783188				RIDE ALONG	BRYSON D. OLSON		

JOB TYPE LONG STRING HOLE SIZE 7 7/8 HOLE DEPTH 4717 CASING SIZE & WEIGHT 5 1/2 #15.5
 CASING DEPTH 4709 DRILL PIPE _____ TUBING _____ OTHER P.C. #64 @ 2070'
 SLURRY WEIGHT 14.2 SLURRY VOL 1.42 WATER gal/sk _____ CEMENT LEFT IN CASING 5108 22' 2070
 DISPLACEMENT 111 1/2 DISPLACEMENT PSI _____ MIX PSI _____ RATE 6 BPM

REMARKS: Safety meeting Rig up on WW #2 Run float equipment turbos on #1, 9, 12, 13, 63, 65, 78 BASKETS top of #8, BEM #64, top of #77 Run rest of casing circ on bottom for 1 HR mixed 5 BBL of H2O 500 GAL of mud ^{PORT COLLAR #64} FLUSH 5 BBL of H2O PLUGGED RATHOLE 30 SKS MIXED 170 SKS OWC #5 KOLSEAL DOWN HOLE SHUT DOWN CLEANED PUMP & LINES RELEASED PLUG & RUMPER 110 BBL of H2O LIFE WAS #900. LANDED PLUG @ #1500 RELEASED PRESSURE PLANT HELD.

THANK YOU DAMON, DARREN & CREW

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	3175.00	3175.00
5406	35	MILEAGE	5.25	183.75
5407A	9.4	LOW MILEAGE DELIVERY	1.75	575.75
1126	200 SKS	OWC	23.70	4740.00
1110A	1000#	KOLSEAL	1.56	560.00
1137	50#	CDI 26	10.20	510.00
1146	14#	CAF 38	14.45	202.30
1144G	500 GAL	MUD FLUSH	1.00	500.00
4159	1	AFU FLOAT SHOE 5 1/2 (W)	433.75	433.75
4454	1	LATCHDOWN PLUG ASSY 5 1/2	318.25	318.25
4136	7	5 1/2 TURBOLIZERS (W)	75.75	530.25
4285	1	5 1/2 PORT COLLAR (I)	2178.75	2178.75
4104	3	5 1/2 BASKETS	290.00	870.00
			SUBTOTAL	14777.80
			LESS 10% DISC	1477.78
			SUBTOTAL	13300.02
			SALES TAX	697.76
			ESTIMATED TOTAL	13997.78

completed

Revin 3737

AUTHORIZATION Thomas A. [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

265683

TICKET NUMBER 43068

LOCATION OAKLEY KS.

FOREMAN DAMON M. WALT DINKEL

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT

KS.

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
1-28-14	7173	HAMMEKE UNIT #1	13	18	28W	LANE	
CUSTOMER		Dighton SE NINCO		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS		8100 E. 22ND ST. #100		399	JORDON L.		
CITY		STATE	ZIP CODE	528 T-127	MIKE R.		
WICHITA		KS.	67278				

JOB TYPE PORT COLLAR HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2 #15.5
 CASING DEPTH 4709 DRILL PIPE _____ TUBING 2 7/8 OTHER P.C. @ 2070'
 SLURRY WEIGHT 12.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 1 BBL
 DISPLACEMENT 11.0 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting rig up on well first casing to #1200 open tool
CHECK FOR CIRCULATION MIXED 250 SKS 670 GEL #1/4 FLO DISPLACED 11 BBL
OF H2O SHUT DOWN PRESSURED BACKSIDE TO #1200 HELD RAN 5 JOINTS IN
CIRCULATED! HOLE CLEAN

CEMENT DID CIRCULATE

THANK YOU DAMON, WALT CREW

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401B	1	PUMP CHARGE	1785.00	1785.00
5406	35	MILEAGE	5.25	183.75
5407A	10.75	TON MILEAGE DELIVERY	1.75	658.70
1131	250 SKS	60/40 P02	15.86	3965.00
1118B	1290#	BENTONITE	.27	348.30
1107	63#	FLOSEAL	2.97	187.11
1105	450#	COTTON SEED HULLS	.58	261.00
1111	200#	SALT	N/C	N/C
			SUBTOTAL	7388.86
			LESS 10% DISC	738.89
			SUBTOTAL	6649.97
			7.15	SALES TAX
				ESTIMATED TOTAL
				6657.12

completed

Rayin 3737

AUTHORIZATION Thomas A. [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.

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