

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1204383

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

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: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ ☐ East ☐ West      County: \_\_\_\_\_

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to [kcc-well-logs@kcc.ks.gov](mailto: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:					

<div style="text-align: center;"> <b>CASING RECORD</b> <input type="checkbox"/> New    <input type="checkbox"/> Used         </div> <div style="text-align: center;">Report all strings set-conductor, surface, intermediate, production, etc.</div>							
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 (Amount and Kind of Material Used)	Depth

TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run:			<input type="checkbox"/> Yes	<input type="checkbox"/> No
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 (Explain) _____			
Estimated Production Per 24 Hours	Oil	Bbbs.	Gas	Mcf	Water	Bbbs.	Gas-Oil Ratio	Gravity	

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented    <input type="checkbox"/> Sold    <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>		<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole    <input type="checkbox"/> Perf.    <input type="checkbox"/> Dually Comp.    <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i></p> <p><input type="checkbox"/> Other <i>(Specify)</i> _____</p>	<p>PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p>
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Form	ACO1 - Well Completion
Operator	Ritchie Exploration, Inc.
Well Name	Allen-Radnor 1
Doc ID	1204383

#### Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.25	8.625	23	236	common	170	2% gel, 3% cc









**#1 Allen-Radnor**

2420' FNL & 335' FWL

220' N & 5' E of W/2 W/2 W/2 Section 2-16S-34W

Scott County, Kansas

API# 15-171-21021-0000

Elevation: 3104' GL, 3109' KB

Sample Tops			Ref. Well
Anhydrite	2467'	+642	+19
B/Anhydrite	2498'	+611	+7
Stotler	3627'	-518	+16
Heebner	3992'	-883	+15
Lansing	4035'	-926	+16
Muncie Shale	4213'	-1104	+18
Stark Shale	4304'	-1195	+17
Hush	4356'	-1247	+17
BKC	4393'	-1284	+15
Marmaton	4431'	-1322	+20
Altamont	4451'	-1342	+18
Pawnee	4528'	-1419	+19
Myrick	4566'	-1457	+13
Fort Scott	4580'	-1471	+13
Cherokee Shale	4609'	-1500	+12
Johnson	4704'	-1595	+1
Morrow	4727'	-1618	+15
Mississippian	4784'	-1675	+34
RTD	4955'	-1846	

# ALLIED OIL & GAS SERVICES, LLC 062542

Federal Tax I.D. # 20-8651476

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

SERVICE POINT: Oakley, KS

DATE <u>1-25-14</u>	SEC. <u>2</u>	TWP. <u>16</u>	RANGE <u>34</u>	CALLED OUT	ON LOCATION <u>6:30pm</u>	JOB START <u>6:30pm</u>	JOB FINISH <u>6:30pm</u>
LEASE <u>Kadnor</u>	WELL # <u>1</u>	LOCATION <u>Peace 2E, 2nd 1/4 Sec 2, Twp 16N, R 34W, 2nd 1/4</u>			COUNTY <u>Scott</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>							

CONTRACTOR <u>W&amp;W 2</u>	OWNER <u>Same</u>
TYPE OF JOB <u>Surface</u>	
HOLE SIZE <u>12 1/8</u>	T.D. <u>2371</u>
CASING SIZE <u>8 7/8</u>	DEPTH <u>2371</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG. <u>151</u>	
PERFS.	
DISPLACEMENT <u>14.21 bbl</u>	

EQUIPMENT		
PUMP TRUCK	CEMENTER <u>LaRue E. Gentry</u>	
# <u>431</u>	HELPER <u>Wayne McHugh</u>	
BULK TRUCK		
# <u>818/287</u>	DRIVER <u>Juan Mender (RWS)</u>	
BULK TRUCK		
#	DRIVER	
COMMON <u>170 sks @ 17.90</u>		<u>3043.00</u>
POZMIX		
GBL <u>3 sks @ 23.80</u>		<u>71.40</u>
CHLORIDE <u>6 sks @ 64.00</u>		<u>384.00</u>
ASC		
HANDLING <u>183.83 sks @ 2.48</u>		<u>455.90</u>
MILEAGE <u>8.39 mi x 45 x 2.60</u>		<u>982.63</u>
TOTAL		<u>4734.73</u>

REMARKS:

Mix 170 sks cement

Displace with water

Cement disp circulate

CHARGE TO: Ritchie Exploration

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SERVICE

DEPTH OF JOB <u>2371</u>	
PUMP TRUCK CHARGE <u>1512.25</u>	
EXTRA FOOTAGE	
MILEAGE <u>MDH 45 @ 2.70</u>	<u>121.50</u>
MANIFOLD <u>51 sks @ 4.40</u>	<u>226.40</u>
MDLV <u>45 @ 4.40</u>	<u>198.00</u>
TOTAL	<u>2331.75</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 Donnie Long

SIGNATURE [Signature]

SALES TAX (If Any) \_\_\_\_\_

TOTAL CHARGES 7,266.48

DISCOUNT 1,598.62 IF PAID IN 30 DAYS

5,667.85 Net.

# ALLIED OIL & GAS SERVICES, LLC 062555

Federal Tax I.D. # 20-8651476

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

SERVICE POINT:

*Rocky, K*

DATE <i>8/8/14</i>	SEC. <i>2</i>	TWP. <i>10</i>	RANGE <i>34</i>	CALLER OUT	ON LOCATION	JOB START <i>10:00</i>	JOB FINISH <i>1:00</i>
LEASE <i>Allen - Ladao</i>	WELL # <i>#1</i>	LOCATION <i>Penue 2 E 2 N 14 W N 14 S</i>			COUNTY <i>Scott</i>	STATE <i>Ky</i>	
OLD OR NEW (Circle one)							

CONTRACTOR *W.W. &*  
TYPE OF JOB *PTA Rotary*  
HOLE SIZE *7 1/8* T.D.  
CASING SIZE *8 1/2* DEPTH  
TUBING SIZE DEPTH  
DRILL PIPE *4 1/2* DEPTH  
TOOL DEPTH  
PRES. MAX MINIMUM  
MEAS. LINE SHOE JOINT  
CEMENT LEFT IN CSO.  
PERFS.  
DISPLACEMENT

## EQUIPMENT

PUMP TRUCK CEMENTER *Alan Ryan*  
# *483-281* HELPER *Kevin Ryan*  
BULK TRUCK  
# *396* DRIVER *Edi (Tues)*  
BULK TRUCK  
# DRIVER

## REMARKS:

*505' @ 2490'  
805' @ 1700'  
505' @ 840'  
405' @ 260'  
205' @ 60'  
305' C. R. Hole*

*Truck  
Flankin, Edi*

CHARGE TO: *Ritchie Exp*  
STREET  
CITY STATE ZIP

OWNER *Stone*  
CEMENT  
AMOUNT ORDERED *220 60/40 400 gal*

COMMON <i>162</i>	@ <i>12.20</i>	<i>2899.20</i>
POZMIX <i>108</i>	@ <i>9.22</i>	<i>1009.20</i>
GBL <i>9</i>	@ <i>23.20</i>	
CHLORIDE	@	
ASC	@	
<i>Flo. Seal 68</i>	@ <i>2.22</i>	<i>201.20</i>
	@	
	@	
	@	
	@	
	@	
	@	
HANDLING <i>289.98</i>	@ <i>2.42</i>	<i>719.15</i>
MILEAGE <i>262 70/mile</i>	@ <i>12.01</i>	<i>1405.12</i>
		TOTAL <i>6235.88</i>

## SERVICE

DEPTH OF JOB	<i>2490'</i>
PUMP TRUCK CHARGE	<i>2483.22</i>
EXTRA FOOTAGE	@
MILEAGE <i>45</i>	@ <i>2.20</i> <i>346.20</i>
MANIFOLD	@
<i>470000 45</i>	@ <i>4.40</i> <i>198.00</i>
	@

TOTAL *3228.22*

## 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 *Kennie Lamy*

SIGNATURE *Kennie Lamy*

SALES TAX (If Any)  
TOTAL CHARGES *9,223.97*  
DISCOUNT *2,038.07* IF PAID IN 30 DAYS  
*7,225.89 Net.*

*Dr*