

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1204606

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	Twp S. R	East West
Address 2:			Feet	t from North / Sout	h Line of Section
City: St	ate: Zip	D:+	Feet	t from East / West	t Line of Section
Contact Person:			Footages Calculated from Ne	earest Outside Section Corne	r:
Phone: ()			□ NE □ NW	□se □sw	
CONTRACTOR: License #			GPS Location: Lat:	, Long:	
Name:				g. xx.xxxxx) ((e.gxxx.xxxxx)
Wellsite Geologist:			Datum: NAD27 N		
Purchaser:			County:		
Designate Type of Completion:			Lease Name:	Well #:	
New Well Re-	-Fntrv	Workover	Field Name:		
	_		Producing Formation:		
☐ Oil ☐ WSW	SWD	SIOW	Elevation: Ground:	Kelly Bushing:	
☐ Gas ☐ D&A ☐ OG	☐ ENHR	☐ SIGW ☐ Temp. Abd.	Total Vertical Depth:	Plug Back Total Depth:	<u>. </u>
CM (Coal Bed Methane)	G3W	iemp. Abd.	Amount of Surface Pipe Set a	and Cemented at:	Feet
Cathodic Other (Core	Expl etc.)		Multiple Stage Cementing Co		
If Workover/Re-entry: Old Well Inf			If yes, show depth set:		Feet
Operator:			If Alternate II completion, cen		
Well Name:			feet depth to:		
Original Comp. Date:			loot dopar to:		
Deepening Re-perf.	_	NHR Conv. to SWD	B	D.	
☐ Plug Back	Conv. to GS		Drilling Fluid Management (Data must be collected from the		
Commingled	Permit #:		Chloride content:	ppm Fluid volume:	bbls
Dual Completion	Permit #:		Dewatering method used:		
SWD	Permit #:		Location of fluid disposal if ha	auled offsite:	
☐ ENHR	Permit #:		Operator Name:		
GSW	Permit #:		Operator Name:		
			Lease Name:		
Spud Date or Date Rea	iched TD	Completion Date or	QuarterSec		
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 Approved by: Date:

Page Two



Operator Name:			Lease Name: _			Well #:		
Sec Twp	S. R	East West	County:					
open and closed, flow and flow rates if gas t	ving and shut-in presson surface test, along w	formations penetrated. I ures, whether shut-in pro vith final chart(s). Attach	essure reached stati n extra sheet if more	c level, hydrosta space is neede	itic pressures, bott d.	tom hole tempe	erature, fluid r	recovery,
		otain Geophysical Data a or newer AND an image		egs must be ema	ailed to kcc-well-lo	gs@kcc.ks.gov	v. Digital elec	tronic log
Drill Stem Tests Taken (Attach Additional	•	Yes No		_	on (Top), Depth ar		Samp	
Samples Sent to Geo	ological Survey	☐ Yes ☐ No	Nam	e		Тор	Datur	m
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No						
List All E. Logs Run:								
		CASING	RECORD Ne	ew Used				
		Report all strings set-	conductor, surface, inte	ermediate, product	ion, 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 P Additiv	
		ADDITIONAL	OFMENTING / OOL					
Purpose:	Depth		CEMENTING / SQL	JEEZE RECORD		araant Additiraa		
Perforate	Top Bottom	Type of Cement	# Sacks Used		Type and F	ercent Additives		
Protect Casing Plug Back TD								
Plug Off Zone								
Did you perform a hydra	ulic fracturing treatment o	on this well?		Yes	No (If No, ski	p questions 2 ar	nd 3)	
	=	raulic fracturing treatment ex	xceed 350,000 gallons		= ' '	p question 3)	,	
Was the hydraulic fractu	ring treatment information	n submitted to the chemical	disclosure registry?	Yes	No (If No, fill	out Page Three	of the ACO-1)	
Shots Per Foot		ON RECORD - Bridge Plug Footage of Each Interval Per			cture, Shot, Cement			Depth
	Сроспу Г	octago of Laon morvari of	ioratou	(>1	mount and rand or ma	teriar Good)		<u> Борин</u>
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No			
Date of First, Resumed	Production, SWD or EN							
Fotimeted Day 1 2	0" -	Flowing			Other (Explain)) O" D "		
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf Wate	er B	bls. G	Gas-Oil Ratio	Gr 	ravity
DISPOSITI	ON OF GAS:	1	METHOD OF COMPLE	ETION:		PRODUCTIO	ON INTERVAL:	
Vented Sold		Open Hole	Perf. Dually	Comp. Con	mmingled			
	bmit ACO-18.)	Other (Specify)	(Submit)	ACO-5) (Sub	omit ACO-4)		-	

Form	ACO1 - Well Completion
Operator	Ritchie Exploration, Inc.
Well Name	Hess 21C 2
Doc ID	1204606

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement	Type and Percent Additives
Surface	12.25	8.625	23	230	Common	2% gel, 3% cc
Production	7.865	4.5	10.5	4665	OWC	10% salt, 2% gel



#2 Hess 21C

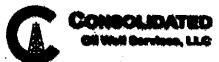
2200' FSL & 1625' FWL 110' S & 25' W of NW NE SW Section 21-13S-31W Gove County, Kansas

API# 15-063-22178-0000 Elevation: 2873' GL, 2881' KB

Sample Tops			Ref. Well
Anhydrite	2368'	-513	+2
B/Anhydrite	2394'	+487	-1
Heebner	3885'	-1004	+3
Toronto	3912'	-1031	+2
Lansing	3928'	-1047	+3
Muncie Shale	4074	-1193	+1
Stark	4162'	-1281	+2
Hush	4195'	-1314	+1
BKC	4227'	-1346	+2
Marmaton	4263'	-1382	+2
Altamont	4295'	-1414	-2
Pawnee	4360'	-1479	-1
Myrick	4394'	-1513	+2
Fort Scott	4412'	-1531	+4
Cherokee	4438'	-1557	+3
Johnson	4480°	-1599	+3
Morrow	4508'	-1627	+9
Mississippian	4516'	-1635	+8
RTD	4670'	-1789	

ALLIED OIL & GAS SERVICES, LLC. 062550 Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999 SOUTHLAKE, TEXAS 76092	SERVICE POINT:
	. Darring !
DATE 2-19-14 SEC. 21 TWP. 13 RANGE 3 / C.	ALLED OUT ON LOCATION JOB STARY JOB FINISH
Clark a . 1	2, 115, SE, 45, COUNTY STATE
OLD QRNEW Circle one) 3/4 EU.	Junto
	Lingto
CONTRACTOR DISCOVERY #1	OWNER Same
TYPEOFJOB Santace	
HOLE SIZE /2 FF T.D. 2307 CASING SIZE 378 DEPTH 230.31	AMOUNT ORDERED VSS SCOOM 3 % CC
CASING SIZE X BEPTH 230.31 TUBING SIZE DEPTH	
DRILL PIPE DEPTH .	L'Eogel J.
TOOL DEPTH	
PRES. MAX MINIMUM ·	COMMON 165 5 65 @ (2.70 2953.50
MEAS. LINE SHOE JOINT	POZMIX @ "4
CEMENTLEFTIN CSG. 151	GBL 35/2@23 40 70.20
PERFS. DISPLACEMENT /3.76 66/	CHLORIDE 656 6400 306.40 .
	ASC@
EQUIPMENT	@
PUMPTRICK CEMENTER La Rone 6. Weste	
PUMPTRUCK CEMENTER Active & Wester H 431 HELPER Andrew Forstand	<u> </u>
BULK TRUCK	<u> </u>
#396/306 DRIVER Talon Jones	@
BULK TRUCK	<u> </u>
# DRIVER	HANDLING 178-42 573 @ 2,48 44248
	MILEAGE 815/2 21 x 2,60 444.99
REMARKS:	TOTAL 4297,57
Mix169 Sts coment	TOTAL TELEVISION
Displace with water	SERVICE
Comment did circulate	DOATION
	DEPTH OF JOB
· · · · · · · · · · · · · · · · · · ·	PUMP TRUCK CHARGE /572.23
	EXTRA FOOTAGE @
	MILEAGE 2/@ 7.70 /62.70
Thankyou	MANIFOLD @ 790 7240
CHARGE TO: Rite line Exploration	@
CHARGETO Rife Rice Exploration	
•	TOTAL 2041. 35
STREET	TOTABLE
CITYSTATEZIP	
	PLUG & FLOAT EQUIPMENT
p	
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	TOTAL
confractor. I have read and understand the "GENERAL	* 0 11 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
TERMS AND CONDITIONS" listed on the reverse side.	SALES TAX (If Any)
	TOTAL CHARGES 6,338,98
PRINTED NAME	DISCOUNT 1,394.56 IF PAID IN 30 DAYS
to the I so	4,944.35 Net.
SIGNATURE Claff Myfeld	••



266358

LOCATION Dakiey KS
FOREMAN Dane Retaboff

DATE_

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

AUTHORIZTION_

FIELD TICKET & TREATMENT REPORT

	-, -,-	<u> </u>		CEMEN	1			K.S
DATE	CUSTOMER#	WE	LL NAME & NU	MBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-3-14	7173	#2 Hess	alc		2)_	133	314	Gove
CUSTOMER				Cakley KS				
	Ritchic Ex	ploration		Il south	TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRI	ESS			to Gove RD	405	Jordon		
				36 35 3/46- v.5		1		
CITY	, ,	STATE	ZIP CODE		566	Jermey	 -	
				1 1		Jake		
		<u>L</u>			Superview	Fuzza	<u> </u>	<u>L. </u>
JOB TYPE_Pro	duction	HOLE SIZE 7	7 8	HOLE DEPTH	4672	CASING SIZE & W	EIGHT 4-50	, 16.50
CASING DEPTH	4665	DRILL PIPE	4.5	TUBING			OTHER	
SLURRY WEIGH	HT <u>/ 4:2</u>	SLURRY VOL	1.56	WATER gal/sk	6.97	CEMENT LEFT In	CASING 21.	04
DISPLACEMENT	т <u>73. 95 </u>	DISPLACEMEN	NT PSI	MIX PSI				
REMARKS: 5』	efter medi	ing on Di	Saurani. R			truck . Pm +	210.1	
	, ,	9 //			- an nexas	Proce Pay F	TOBP COMP	
						55, 70,		
<u> </u>	irculate is w	ms. Prop 1	الماك - دردسا	lete 45 mins	S ARI Phea	d mic marine	<u> </u>	directs !
Plug 24 3	io sks mi	+ 20 SKS	Pump 6	825 SK5	shut de	was wash	punp +	1
Displace	73 BBIS	List	pressu	× 190	05/ 10	holed pla		1700
Bleed 1	back to a	500 41/	thut is	0.0	Dawa		7	Partition for
		, , , , , , , , , , , , , , , , , , , ,	- 34 Juli	7	<i>B</i> B 977			
				*				
		<u> </u>	_		· · · · · · · · · · · · · · · · · · ·			

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C		PUMP CHÂRGE	3179.00	3175.00
7406e	15.	MILEAGE	5,25	78.75
4070	12.9	Ton Mileage Octivery (min)	1.75	430.00
126	278 SKS	<u> ဂ</u> ယင	23,70	6517.50
137	د 9	CDI-26	10.20	703.80
146	38	CAF-38	10.20	387.60
110 A	1375	Kolseal	154	770,00
1446	500 Cal	muchflush	1.00	500.uc
Ud		4.5 Afu float shoe (w)	259 :45	339.25
4453		4.5 Latch closen plug Assy (I)	290.00	290.00
1129	8	4.5 Turbolizers (w)	60.00	480,00
4103	4	4.5 Baskets (w)	275.00	//00.0
4284		4.5 Port Collar (I)	1984.00	1984.00
1111	100	selt &	846	16775.
		-	100 1810	1677.5
			306	1509813
		- compaint		
		7,9	SALES TAX	930,83
3737	1. Of 12		ESTIMATED TOTAL	16029.1

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.

TITLE



266361

LOCATION DAKLEY AS.

O Box 884, Chi 20-431-9210 oi	r 800-467-8676	3		CEMEN	Ţ			Ks.
DATE	CUSTOMER#	WE	LL NAME & NÚM	/BER	SECTION	TOWNSHIP	RANGE	COUNTY
3-6-14	7173	H255	21-C#	2	21	13	31	BOUE
USTOMER	2	CADIDA	المعادية	ORKUEY				
AILING ADDRES	ATCHIE	EXTURA	PITON	S to GOV	TRUCK#	DRIVER	TRUCK#	DRIVER
MILING ADDRES	33			3E	399	CORY D		
CITY		STATE	ZIP CODE	3/42	628 T-127	4-4		
		OIAIL	ZII GODE	NINED	RIDE ALONG	JAKE		<u> </u>
OB TYPE POR	TOULAR					<u> </u>	1///	23.10
	COLLIST			_		CASING SIZE &	OTHER P.C.	10.5
ASING DEPTH_ LURRY WEIGHT	12.5	DRILL PIPE		_TUBING			4-4	BBL
SLURRY WEIGHT DISPLACEMENT_	Q 1/2	SLURRY VOL			k		1 CASING	. 17.00
		DISPLACEME		MIX PSI		RATE	1 1 15	a _
						used boo		<u>න</u> ල .
						60140		
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ACCOUNT CODE	emost o	isothe	rentude	ESCRIPTION of	3053L5,	Thanks	UNIT PRICE	Crew TOTAL
ACCOUNT CODE	emost o	isothe	DE PUMP CHARG	ESCRIPTION of	30まりして、 gy 20まん SERVICES or PRO	Thanks	UNIT PRICE	ereu.
ACCOUNT CODE	QUANITY	isothe	DE PUMP CHARG	ESCRIPTION of	3053L5,	Thanks	UNIT PRICE	Crew TOTAL
ACCOUNT CODE	QUANITY	LEOL ES	DE PUMP CHARG	ESCRIPTION of	30まりして、 gy 20まん SERVICES or PRO	Thanks	UNIT PRICE	10TAL
ACCOUNT CODE SYDI GYOL SYOT	QUANITY	or UNITS	DE PUMP CHARG	ESCRIPTION of	30まりして、 gy 20まん SERVICES or PRO	Thanks	UNIT PRICE 1785	TOTAL 1785-2 78-7
ACCOUNT CODE SYOL SYOL	QUANITY /5 \\$5.5	or Units	DE PUMP CHARGE MILEAGE	ESCRIPTION of SE	30まりして、 og 20まん SERVICES or PRO	Thanks	UNIT PRICE 1785 5.25 4302	10TAL 1785- 1787
ACCOUNT CODE 5401 5404 5407 1/31 1/188	QUANITY / /5 \5.	or UNITS	PUMP CHARGE MILEAGE TON M 60/40 1 BEN 50)	ESCRIPTION of BE	SOBALS, SERVICES OF PRO	Thanks	UNIT PRICE 1785 5,25 430 15,86 727	TOTAL 1785- 130- 5788- 508-
ACCOUNT CODE 5401 5404 5407 1/31 1/188 1/07	QUANITY / // // // // // // // // // // // //	or Units	PUMP CHARGE MILEAGE TON M 60/40 1 BEN 50)	ESCRIPTION of BE	SOBALS, SERVICES OF PRO	Thanks	UNIT PRICE 1785 5.25. 430 20. 15.86 727 2.97	TOTAL 1785
ACCOUNT CODE 5401 5404 5407 1/31 1/188 1/07	QUANITY / // // // // // // // // // // // //	or UNITS	PUMP CHARGE MILEAGE TON M 60/40 1 BEN 50)	ESCRIPTION of SE	SOBALS, SERVICES OF PRO	Thanks	UNIT PRICE 1785 5,25 430 15,86 727	TOTAL 1785- 130- 5788- 508-
ACCOUNT CODE 5401 5404 5407 1/31 1/188 1/07	QUANITY / // // // // // // // // // // // //	or Units	PUMP CHARGE MILEAGE TON M 60/40 1 BEN 50)	ESCRIPTION of BE	SOBALS, SERVICES OF PRO	Thanks	UNIT PRICE 1785 5.25. 430 20. 15.86 727 2.97	TOTAL 17850 130 5788 508 264 240
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ACCOUNT CODE 5401 5404 5407 1131 1188	QUANITY / // // // // // // // // // // // //	or Units	PUMP CHARGE MILEAGE TON M 60/40 1 BEN 50)	ESCRIPTION of BE	SOBALS, SERVICES OF PRO	Thanks	UNIT PRICE 1785 5.25. 430 20. 15.86 727 2.97	TOTAL 1785
ACCOUNT CODE 5401 5404 5407 1/31 1/188 1/07	QUANITY / // // // // // // // // // // // //	or UNITS	PUMP CHARGE MILEAGE TON M 60/40 1 BEN 50)	ESCRIPTION of BE	SOBALS, SERVICES OF PRO	Thanks	UNIT PRICE 1785 5.25. 430 20. 15.86 727 2.97	TOTAL 1785- 1787- 130- 5788- 508- 2647- 290- 29145
ACCOUNT CODE 5401 SUP 1 1188 1107	QUANITY / // // // // // // // // // // // //	or Units	PUMP CHARGE MILEAGE TON M 60/40 1 BEN 50)	ESCRIPTION of BE	SOBALS, SERVICES OF PRO	Thanks	UNIT PRICE 1785 5.25. 430 20. 15.86 727 2.97	10TAL 1785- 130- 130- 130- 130- 201- 201- 201- 201- 201- 201-

AUTHORIZTION National TITLE

TOTAL 8717.99

SALES TAX ESTIMATED

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.

