



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1229083
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: _____

1229083

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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Max R. Lovely

GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOGS

COMPANY Ritchie Exploration

LEASE #1 C & W

FIELD Wildcat

SECTION S/2 N/2 NW

LOCALITY Wichta

COUNTY Wichita

STATE KS

CONTRACTOR W.M. #2

SUDDZ-10-14-ONE #2

R/D 5118

R/D 5119

MUD #393

TYPE MUD Chem

FORMATION TOPS AND STRUCTURAL POSITION

FORMATION SAMPLE

Basal Anhydrite

Stotler

Minerva

Stark

BKC

Marmaton

Albion

Fr Scott

Cherokee

Mississippian

A Sherman Oil #1 Smith NW SW 28-16-37W

ELEVATIONS

BR 3403

DP 3398

OL 3398

MEASUREMENTS ARE ALL FROM KB

CRUISING

PRODUCTION RATE

ELECTRICAL SURVEYS

COMP/M/D

COMP/M/D

COMP/M/D

COMP/M/D

COMP/M/D

COMP/M/D

COMP/M/D

COMP/M/D

COMP/M/D

COMP/M/D

COMP/M/D

COMP/M/D

COMP/M/D

COMP/M/D

COMP/M/D

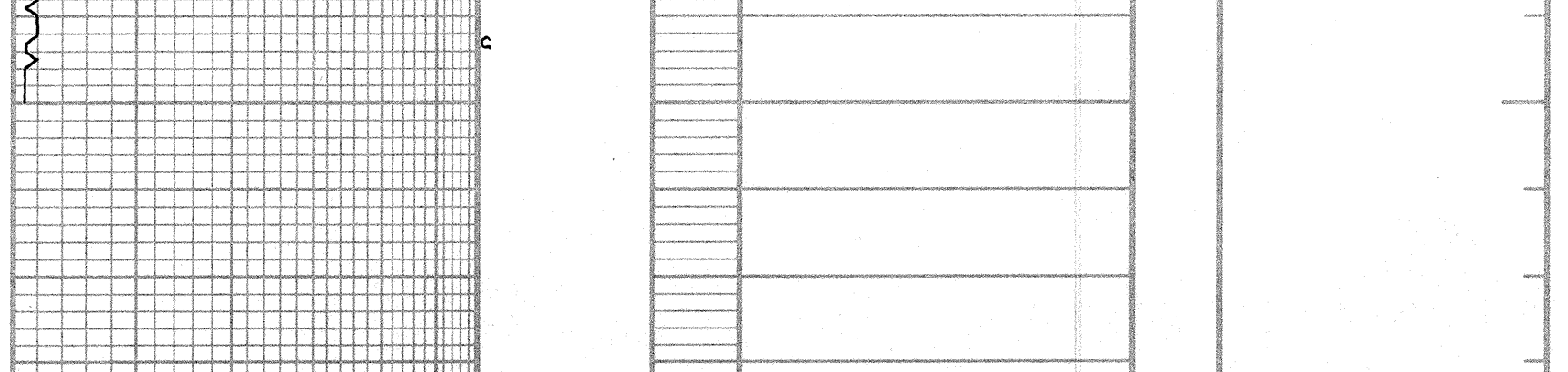
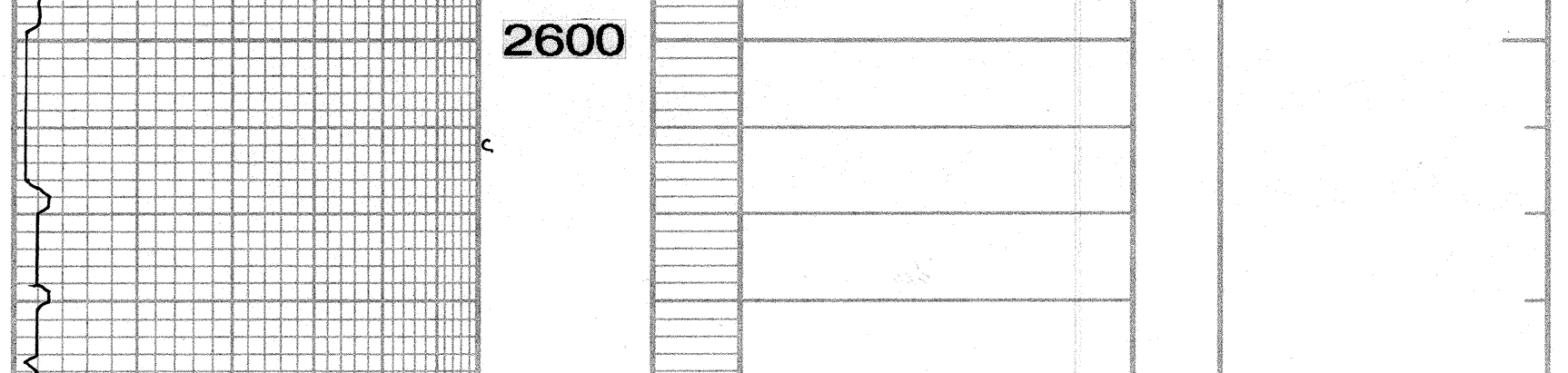
COMP/M/D

COMP/M/D

COMP/M/D

REMARKS

LEGEND



Main geological log table with columns for DEPTH, LITHOLOGY, SAMPLE DESCRIPTIONS, OIL SHOWS, and REMARKS. Includes formations like Anhydrite, Stotler, Heebner, Toronto, Lansing, Muncie, Stark, Hushpuckney, BKC, Marmaton, Fr Scott, Cherokee, Morrow, and Miss.



#1 C & W

1030' FNL & 1480' FWL

40' S & 160' E of S/2 N/2 NW Section 31-16S-37W

Wichita County, Kansas

API# 15-203-20273-0000

Elevation: 3398' GL, 3403' KB

Sample Tops			Ref. Well
Anhydrite	2574'	+829	+8
B/Anhydrite	2594'	+809	+5
Stotler	3654'	-251	+2
Heebner	4036'	-633	+10
Toronto	4053'	-650	+10
Lansing	4083'	-680	+15
Muncie Shale	4268'	-865	+14
Stark Shale	4377'	-974	+1
Hush	4423'	-1020	+5
BKC	4469'	-1066	+4
Marmaton	4491'	-1088	+17
Altamont	4535'	-1132	+7
Pawnee	4616'	-1213	+12
Myrick	4655'	-1252	+9
Fort Scott	4672'	-1269	+9
Cherokee	4701'	-1298	+7
Johnson	4806'	-1403	+11
Morrow	4875'	-1472	+13
Mississippian	4994'	-1591	-6
RTD	5118'	-1715	



CONSOLIDATED
Oil Well Services, LLC

269814

TICKET NUMBER 46816
LOCATION Ogklay Ks
FOREMAN Jerry
Walt

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
7-22-14	7173	C+W#1	31	16S	37W	Wichita
CUSTOMER		Mailing Address		CITY		STATE
Richie Exploration		Leoti No 6 G, SE, 3/4 N, E into		TRUCK #	DRIVER	TRUCK #
				731	Jerry R	
				530-7-129	ROB S	
				assist	Bill S	

JOB TYPE port collar HOLE SIZE 7 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER port collar @ 25.36
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING _____
 DISPLACEMENT 9 3/4 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & rig up on Wild cat test to 1200' held open tool fake
inf rate @ 3 bbl/min 750' mix 350 sks 60/40 6% gel 1/4" flo seal pack with
500# cottonseed hulls & brought cement to surface displaced & wash up with 8 3/4
6 bbl closed tool, test to 1200' held run 5 j's in & reversed clean with
50 bbl approx 856 to pit

Thank you
Jerry & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401B	1	PUMP CHARGE	1785.00	1785.00 ✓
5406	45	MILEAGE	5.25	236.25 ✓
5407	15	ton mileage delivery	1.25	118.25 ✓
1131	350 sks	60/40 poz mix	15.86	5551.00 ✓
1186	1806 #	gel	2.7	487.62 ✓
1167	88 #	flo seal	2.97	261.36 ✓
1105	500 #	cottonseed hulls	58	290.00 ✓
			Subtotal	9792.48 ✓
			less 10% disc	979.25 ✓
			Subtotal	8813.23 ✓
			SALES TAX	483.38 ✓
			ESTIMATED TOTAL	9296.61 ✓

Ravin 3737

AUTHORIZATION [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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CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 46613
LOCATION Oakley, K.
FOREMAN Danen

269806

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/19/14	7673	Canal W #1	21	18	37	Wichita
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Ritchie Exploration			731	Cory		
MAILING ADDRESS			693	Steven		
CITY	STATE	ZIP CODE				

JOB TYPE Prod. HOLE SIZE 7 7/8 HOLE DEPTH 5119' CASING SIZE & WEIGHT 4 1/2 10.5
 CASING DEPTH 5114' DRILL PIPE _____ TUBING _____ OTHER Shoe Joint 20.85
 SLURRY WEIGHT 14.3 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING Port Collar 25.36
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting Rig up on WW-2 Run Casing + float Equipment
Turbos 1-3-5-7-9-11-16-61-63-80 Baskets 12-62-79 Port Collar #62.
Circulate 1 hr. Swater ahead mix Mud Flush Swater Behind Plug Rathole
\$0 sks mix 250 sks down 4 1/2 Casing Com 10% salt 2% Gel 1/4% CDI 26.14
CAF 38 5" Kolseal Displace with 80.98 bbl water Long Plug 1700" Lift
900" Float Held

Thanks Danen + Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	\$3175.00	\$3175.00
5406	45	MILEAGE	\$5.25	\$236.25
5407	14.1	Ton Mileage Delivery	\$1.75	\$110.60
1126	300 SKS	Class "A" Cement	\$18.55	\$5565.00
1137	75 *	CDI 26	\$10.20	\$765.00
1146	42 *	CAF 38	\$10.20	\$428.40
1110 A	1500 *	Kolseal	\$.56	\$840.00
118B	564 *	Bentonite	\$.22	\$152.28
1111	1410 *	Salt	\$.50	\$705.00
1144G	500 gal	Mud Flush	\$1.00	\$500.00
4161	1	4 1/2 AFU Float Shoe (w)	\$359.25	\$359.25
4453	1	4 1/2 Latch Down Plug Assy (I)	\$290.00	\$290.00
4129	10	4 1/2 Turbolizers (w)	\$60.00	\$600.00
4103	3	4 1/2 Baskets (w)	\$275.00	\$825.00
4284	1	4 1/2 Port Collar (I) SR# 1302143	\$1984.00	\$1984.00
		SubTotal		\$17535.24
		Less 10%		\$1753.52
		SubTotal		\$15781.72
		SALES TAX		\$954.59
		ESTIMATED TOTAL		\$16736.31

completed

Flavin 3737

AUTHORIZATION Guy Ram 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.

DR

(XW-1)

ALLIED OIL & GAS SERVICES, LLC 063256

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Ockley KS

DATE <u>7-10-14</u>	SEC. <u>31</u>	TWP. <u>16</u>	RANGE <u>37</u>	CALLED OUT	ON LOCATION <u>2:00 PM</u>	JOB START <u>12:30 PM</u>	JOB FINISH <u>7:00 PM</u>
LEASE <u>C&W</u>	WELL # <u>#1</u>	LOCATION <u>Leoti N to RAG 12 to Rd 7</u>		COUNTY <u>Leitcha</u>	STATE <u>KS</u>		
OLD OR (NEW) (Circle one)			<u>NEW</u>				

CONTRACTOR C&W #2
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 262
 CASING SIZE 5 5/8 DEPTH 261
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOB JOINT
 CEMENT LEFT IN CSG. 15'
 PERFS.
 DISPLACEMENT 15 1/2 bbl
 EQUIPMENT
 PUMP TRUCK CEMENTER Kelly Gabel
 # 4232281 HELPER Wayne Maghghy
 BULK TRUCK
 # 894287 DRIVER Ramiro Cruz
 BULK TRUCK
 # DRIVER

OWNER Same
 CEMENT
 AMOUNT ORDERED 180945 Com 380cc
29 bags
 COMMON 180945 @ 17.90 3222.80
 POZMIX @
 GBL 338 # @ 1.05 354.90
 CHLORIDE 588 # @ 1.10 646.80
 ASC @
 @
 @
 @
 @
 @
 HANDLING 194.63 cu ft @ 2.48 482.68
 MILEAGE 8.46 tan x 70 x 2.75 1628.25
 TOTAL

REMARKS:
rigged up
mixed cement
displaced with water
3mft in
Cement did circulate
Thank You
Kelly & crew

SERVICE
 DEPTH OF JOB 261
 PUMP TRUCK CHARGE 1572.36
 EXTRA FOOTAGE @
 MILEAGE M: HV 70 @ 7.10 539.00
 MANIFOLD @
M: LV 70 @ 4.90 308.00
 @
(894.00/200)
 TOTAL 4110.46

CHARGE TO: Ritchie 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.

SALES TAX (If Any)
 TOTAL CHARGES 8,606.18
 DISCOUNT 1,721.23 (20%) IF PAID IN 30 DAYS
6,884.95 Net

PRINTED NAME Leona J. King
 SIGNATURE [Signature]

