

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1243626
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: _____

1243626

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No 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: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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)*

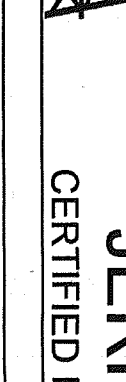
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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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JERRY A. SMITH
 CERTIFIED PETROLEUM GEOLOGIST
 GEOLOGIST'S REPORT
 DRILLING TIME AND SAMPLE LOG

COMPANY: RITCHIE EXPLORATION, INC.
 ELEVATIONS

LEASE: #1 DEGES 36D
 FIELD: GRAMMEL WEST
 LOCATION: 149S FSL & 1180' FEL
 SECTION: 36
 TWP: 10
 RANG: 29 W
 COUNTY: SHERIDAN
 STATE: KANSAS

CONTRACTOR: WILDRIG, RIG #2
 SPPD: 11/05/14
 RFD: 4870
 MUD UR: 4000
 API No. 15-19-41381

DRILLING TIME KEPT FROM: 2280/350
 SAMPLES EXAMINED FROM: 3880
 GEOLOGICAL SUPERVISION FROM: 3880
 GEOLOGIST ON WELL: JERRY A. SMITH

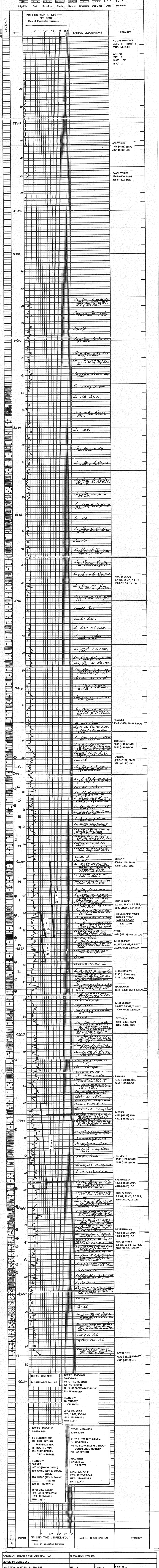
FORMATION TOPS
 ANHYDRITE 2324 (+435)
 HEERBER 3863 (-1103)
 LANSING 3882 (-1122)
 STARK 4084 (-1324)
 BKA/KANSAS CITY 4133 (-1373)
 PAVNICE 4252 (-1426)
 MYRICK 4343 (-1533)
 FT. SCOTT 4371 (-1581)
 CHEROKEE SH. 4430 (-1610)
 MISSISSIPPIAN 4573 (-1813)

SAMPLES
 2325 (+435)
 3860 (-1080)
 3882 (-1122)
 4084 (-1324)
 4130 (-1370)
 4252 (-1426)
 4343 (-1533)
 4371 (-1581)
 4431 (-1609)

LOG

FORMATIONS
 ANHYDRITE
 HEERBER
 LANSING
 STARK
 BKA/KANSAS CITY
 PAVNICE
 MYRICK
 FT. SCOTT
 CHEROKEE SH.
 MISSISSIPPIAN

DEPTH



COMPANY: RITCHIE EXPLORATION, INC.	ELEVATION: 2760 KB
LEASE: #1 DEGES 36D	SEC 36
LOCATION: 149S FSL & 1180' FEL	TWP 10
COUNTY: SHERIDAN	RGE 29 W
STATE: KANSAS	



#1 Deges 36D

1495' FSL & 1180' FEL

155' S & 140' E of S/2 N/2 SE Section 36-10S-29W

Sheridan County, Kansas

API# 15-179-21381-0000

Elevation: GL: 2755', KB: 2760'

Sample Tops			Ref. Well
Anhydrite	2326'	+434	+7
B/Anhydrite	2360'	+400	-2
Heebner	3840'	-1080	-1
Lansing	3882'	-1122	-2
Stark Shale	4088'	-1328	-4
Hush	4105'	-1345	+7
BKC	4130'	-1370	+3
Altamont	4184'	-1424	+1
Pawnee	4252'	-1492	+3
Myrick	4293'	-1533	+2
Fort Scott	4348'	-1588	+2
Cherokee Shale	4371'	-1611	+3
Mississippian	4441'	-1681	-9
RTD	4570'	-1810	

ALLIED OIL & GAS SERVICES, LLC 064306

Federal Tax I.D. # 20-8651476

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

SERVICE POINT:
Oakley, K.S.

DATE <u>11-5-14</u>	SEC. <u>36</u>	TWP. <u>10</u>	RANGE <u>29</u>	CALLED OUT	ON LOCATION <u>8:00pm</u>	JOB START <u>5:30pm</u>	JOB FINISH <u>6:00pm</u>
LEASE <u>Degees 360</u>	WELL # <u>1</u>	LOCATION <u>Grain field (old 40) 2W, 1N,</u>			COUNTY <u>Sheridan</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)		<u>E into</u>					

CONTRACTOR <u>WJW 2</u>	OWNER <u>Same</u>
TYPE OF JOB <u>Surface</u>	CEMENT
HOLE SIZE <u>12 1/4</u> T.D. <u>219'</u>	AMOUNT ORDERED <u>165 sks Com</u>
CASING SIZE <u>8 5/8</u> DEPTH	<u>3' .CC 2' . gel</u>
TUBING SIZE DEPTH	
DRILL PIPE DEPTH	
TOOL DEPTH	
PRES. MAX MINIMUM	COMMON <u>165 sks @ 17.90 2953.5</u>
MEAS. LINE SHOE JOINT	POZMIX @
CEMENT LEFT IN CSG. <u>15'</u>	GEL <u>310^{lb} @ .50 155.00</u>
PERFS.	CHLORIDE <u>465^{lb} @ 1.10 511.50</u>
DISPLACEMENT <u>13.57 bbl water</u>	ASC @

PUMP TRUCK # <u>120</u>	CEMENTER <u>Paul Beaver</u>
BULK TRUCK # <u>890/241</u>	HELPER <u>Tyler Flipse / Juan 3</u>
BULK TRUCK #	DRIVER <u>George Grant</u>
BULK TRUCK #	DRIVER

Material total	3620.00
(109.00 / 20%)	
HANDLING <u>178.41 47</u>	@ <u>2.48 442.46</u>
MILEAGE <u>8.14 tons x 25 mi x 2.75</u>	<u>559.63</u>

REMARKS:
mix 165 sks
Displace w/ water
cement did circ

Thank You!
Paul + Crew

CHARGE TO: Ritchie Exploration

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL _____

SERVICE

DEPTH OF JOB <u>319'</u>	
PUMP TRUCK CHARGE <u>1512.25</u>	
EXTRA FOOTAGE @	
MILEAGE <u>MLHV 25 @ 7.70 192.50</u>	
MANIFOLD @	
<u>MLV 25 @ 4.40 110.00</u>	

(563.36 / 20%) TOTAL 2,816.81

PLUG & FLOAT EQUIPMENT

_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____

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 Lomie Lagg

SIGNATURE Lomie Lagg

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES 6,436.81

DISCOUNT 1,281.36 (20%) IF PAID IN 30 DAYS

5,155.45 Net.



CONSOLIDATED
Oil Well Services, LLC

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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER **47738**
LOCATION **Oakley, KS**
FOREMAN **Kelly Gabel**
Miles Shaw

INVOICE # 802044

905
915

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-14-14	7173	Deges 36D #1	36	10	29	Sheridan
CUSTOMER Ritchie Exploration			Grantfield			
MAILING ADDRESS			2 W 1 N E into			
CITY			TRUCK #	DRIVER	TRUCK #	DRIVER
			731	Jeremy		
			693	ROW		
STATE			ZIP CODE			

JOB TYPE **Road** HOLE SIZE **8 7/8** HOLE DEPTH **41520** CASING SIZE & WEIGHT **4 1/2 10.5#**
 CASING DEPTH **4555** DRILL PIPE _____ TUBING **PC serial # 1407466** OTHER **PC @ 2277**
 SLURRY WEIGHT **14²** SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING **21'**
 DISPLACEMENT **72 bbl** DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: **Safety meeting, rigged up on w/w #2, ran float equip. on JTS**
Cent - shoe, 4, 8, 12, 13, 54, 56 baskets 55, 75, 87, 95 PC top # 55, ran
pipe to bottom & circulated for one hr, pumped 56 bbl water mud flush
5 bbl water plugged RHMH, mixed 225 sks OWC 5# gilsonite 1/4 190 cc
14# persk deamer, washed up, released plug & displaced with 23 bbl water
900# plug landed @ 1500# Insert held
@ 9:15 PM
30 sx RH 20 sx MH

*Thank you
Kelly & crew*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	3175.00	3175.00
5406	25 mi	MILEAGE	5.25	131.25
5407A	12.92	Ton mileage delivery	175	565.42
1126	275 sks	OWC	2370	6517.50
1109	1375#	Kal seed	.56	770.00
1144G	500 gal	mud flush	1.00	500.00
1137	64#	CDI-26	10.20	652.80
1146	38 1/2#	CAF-38 (deamer)	10.20	392.70
4453	1	4 1/2 latch down w/ plug (T)	290.00	290.00
41103	4	4 1/2 basket (w)	275.00	1100.00
4139	7	turbolizer (w)	60.00	420.00
4156b1	7	4 1/2 float shoe (T)	359.35	359.35
4284	1	4 1/2 Portcollar (T)	1984.50	1984.50
Sub total - \$ 16858.47				16,505.42
10% - 1685.85				16,505.42
total - 15172.62				14,834.88
tax -				952.58
			SALES TAX	952.58
			ESTIMATED TOTAL	16,125.21

Rev'n 3737

AUTHORIZATION *[Signature]* TITLE _____ DATE **11-14-14**

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

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

1184
1167
1183
INVOICE # 802297
FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 47744
LOCATION Oakley, KS
FOREMAN Kelly Gabel
Miles Shaw

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-20-14	7173	Dejes 36 D #1	36	10	29	Shenandoah
CUSTOMER Ritchie Exploration			Graham			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			20	20		
STATE			445	Zevi		
ZIP CODE			530	Collin		
				Seremy		

JOB TYPE Port collar HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2 10.5#
 CASING DEPTH 4555 DRILL PIPE _____ TUBING PC @ 2277 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING _____
 DISPLACEMENT 7.82 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: safety meeting, rigged up on well, pressured tool to 1200#
checked for blow, mixed 275 SKS 60/40 Poz. 69 gal 1/4# flo-seal
displaced with 2.8 bbl water, shut port collar & pressured to 1200#
ran 10 JTS & reversed out. cement did circulate.

Thank You
Kelly, Miles & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401B	1	PUMP CHARGE	1785.00	1785.00
5406	2.5 mi	MILEAGE	53.5	131.25
5407A	11.82	Ton Mileage delivery	175	4130.00
1131	275 SKS	60/40 Poz	15.86	4361.50
1183	1419#	Bentonite	.27	383.13
1107	69#	Flo-seal	2.97	204.93
1105	500#	Cotton seed Halls	.58	290.00
			Sub	7585.81
			Less 10% / Total	7585.81
				6827.23
			SALES TAX	384.32
			ESTIMATED TOTAL	7211.56

Ravin 3737

AUTHORIZATION [Signature] TITLE _____ DATE 11-20-14

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.