

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1251105
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: _____

1251105

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <i>(Explain)</i> _____				
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

Richie Exploration

LEASE Eadickson - Ashley Farms #1

FIELD Wildcat

LOCATION W/2 NW SW

SEC. 32 T19S R29W

COUNTY Decatur STATE KS

CONTRACTOR WW#2

SPUD 1-29-15 COMP 2-10-15

RID 4420 LTD 4418

MUD UP 3385 TYPE MUD Chem

FORMATION TOPS AND STRUCTURAL POSITIONS

FORMATION	SAMPLE	ELECTRIC	LOG	DEPTH	STRUCTURAL POSITION
Anhydrite	2491	2493	261	254	A
Base Anhydrite	2528	2528	226	226	A
Topeka	3625	3625	871	876	A
Heebner	3800	3832	1046	1050	A
Toronto	3828	3847	1078	1084	A
Lansing	3942	3942	1192	1194	A
Muncie	4000	4002	1248	1252	A
Stark	4048	4058	1294	1299	A
Marmaton	4056	4058	1304		A
Myric	4203	4198	1444		A
FT Scott	4234	4242	1488		A
Cherokee SH	4350	4352	1498		A
Miss.	4361	4362	1608		A

REFERENCE WELLS FOR STRUCTURE

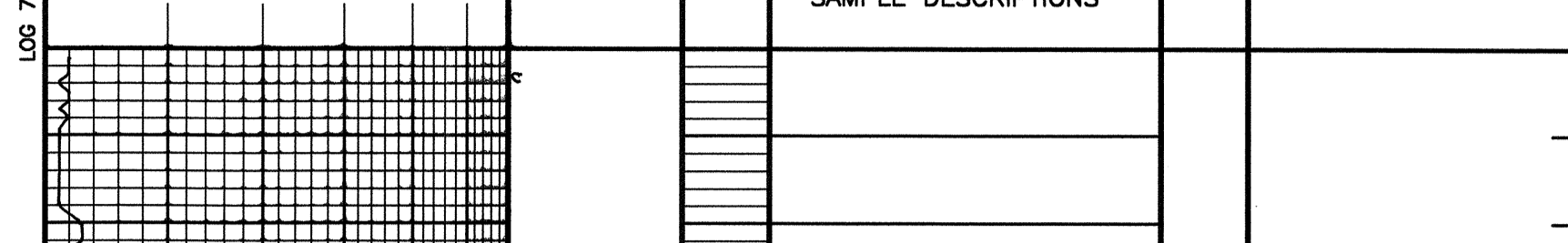
A Murdin #1-32 B&T Shaw NW SW NE 32-5-29W

B

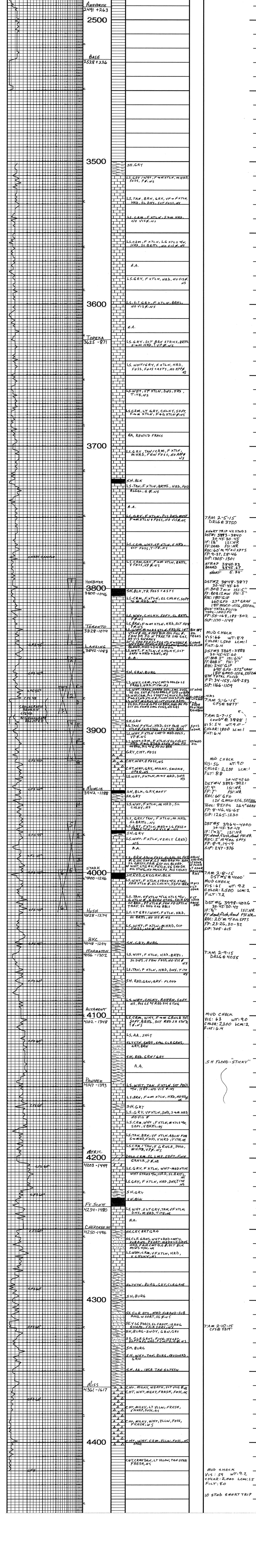
C

REMARKS

LEGEND



DRILLING TIME IN MINUTES PER FOOT Rate of Penetration Decreases



10 STWD SHORT TRIP



#1 Fredrickson-Ashley Farms

1840' FSL & 127' FWL

140' S & 203' W of W/2 NW SW Section 32-5S-29W

Decatur County, Kansas

API# 15-039-21217-0000

Elevation: 2749' GL, 2754' KB

Sample Tops			Ref. Well
Anhydrite	2492'	+262	+8
B/Anhydrite	2528'	+226	+6
Topeka	3625'	-871	+5
Heebner	3800'	-1046	+4
Toronto	3831'	-1077	+3
Lansing	3842'	-1088	+6
Muncie Shale	3942'	-1188	+6
Stark Shale	4000'	-1246	+6
Hush	4028'	-1274	+4
BKC	4048'	-1294	+5
Marmaton	4056'	-1302	N/A
Altamont	4102'	-1348	N/A
Pawnee	4147'	-1393	N/A
Myrick Station	4203'	-1449	N/A
Fort Scott	4234'	-1480	N/A
Cherokee Shale	4250'	-1496	N/A
Mississippian	4361'	-1607	N/A
RTD	4420'	-1666	

ALLIED OIL & GAS SERVICES, LLC 064676

Federal Tax I.D. # 20-8851475

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

SERVICE POINT:
Oglety

DATE <u>1-29-15</u>	SEC. <u>32</u>	TWP. <u>33</u>	RANGE <u>29W</u>	CALLED OUT	ON LOCATION <u>9:00 AM</u>	JOB START <u>9:30</u>	JOB FINISH <u>12:00 PM</u>
LEASE <u>Ashtley</u>		WELL # <u>1</u>		LOCATION <u>REXFORD P.E. BLK N</u>		COUNTY <u>Dewar</u>	STATE <u>KS</u>
OLD OR NEW (Circle one)			<u>ENTER</u>				

CONTRACTOR WFW 2 OWNER SAME

TYPE OF JOB Set Foot

HOLE SIZE 12 1/4 T.D. 270'

CASING SIZE 8 5/8 DEPTH 210.28

TUBING SIZE DEPTH 229 gal

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15'

PERFS.

DISPLACEMENT 12.47

EQUIPMENT

PUMP TRUCK CEMENTER Andrew Topolud

422 HELPER Darren Kacell

BULK TRUCK

891 DRIVER Wayne Masalle

BULK TRUCK

DRIVER

CEMENT

AMOUNT ORDERED 165 SFS CAN 285 CO

229 gal

COMMON 165 SFS @ 17.90 2953.50

POZMIX @

GEL 311 @ 21.05 6546.55

CHLORIDE 466 @ 1.10 512.60

ASC @

@

Indexing tabs @ 370.00

@

(1511.06/402)

@

@

@

@

HANDLING 1791.3800 FT @ 2.48 444.85

MILEAGE 2.25 miles @ 8.14000 18.715

TOTAL

REMARKS:

Cement did circulate

CHARGE TO: Ritchie Exploration

STREET

CITY STATE ZIP

SERVICE

DEPTH OF JOB

PUMP TRUCK CHARGE 1522.25

EXTRA FOOTAGE @

MILEAGE 50 miles @ 7.20 360.00

MANIFOLD @

Light vehicle @ 4.40 220.00

@

(1472.70/402)

@

@

TOTAL 3,681.75

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 Therese Lang

SIGNATURE [Signature]

SALES TAX (If Any)

TOTAL CHARGES 7,974.40

DISCOUNT 2,989.76 (402) IF PAID IN 30 DAYS

Bid 4,484.64 Net.

11130A

2143

3A



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 47805

LOCATION Dr. Kley

FOREMAN Jerry

2097
INVOICE # 803409

FIELD TICKET & TREATMENT REPORT
CEMENT

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
2-16-15	7173	Fredrich Ashley Farms #1	32	S	29W	Decatur																
CUSTOMER			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>731</td> <td>Jerry R</td> <td></td> <td></td> </tr> <tr> <td>456 T129</td> <td>Lance R</td> <td></td> <td></td> </tr> <tr> <td>assist</td> <td>Keith C</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	731	Jerry R			456 T129	Lance R			assist	Keith C		
TRUCK #	DRIVER	TRUCK #	DRIVER																			
731	Jerry R																					
456 T129	Lance R																					
assist	Keith C																					
MAILING ADDRESS			Suldon W CR 90W 4N 8W																			
CITY			STATE																			
			ZIP CODE																			

JOB TYPE Port collar HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2 15 1/2
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 3/8 OTHER PC @ 2488
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 8.6 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & rig upon Export well service test @ 1200 psi held
open tool take in rate 4661 @ 500# mix 250 sks 60/40 685 gel 4 1/2 flo seal
with 500# cotton seed balls until cement circulated wash up + displace with
8.6 lb water & shut down close tool test to 1200# held runs 15 min in
a reverse section with 20 661 fresh water

Cement did
circulate

Thank you
Jerry

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54016	1	PUMP CHARGE	1785.00	1785.00
5406	35	MILEAGE	5.25	183.75
5407A	10.75	ton mileage delivery	1.75	658.44
1131	250 sks	60/40 port mix	15.86	3965.00
1136	1290 #	gel	.27	348.30
1107	63 #	flo seal	2.97	187.11
1105	500 #	cotton seed balls	.55	280.00
1111	100 #	salt	N/C	N/C
			sub total	7407.60
			-20% disc	1481.52
			5926.08	5926.08
			7.15% SALES TAX	273.44
			ESTIMATED TOTAL	6199.52

Ravin 9737

AUTHORIZATION

TITLE

DATE 2-16-15

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 864, Chanute, KS 66720
620-431-9210 or 800-467-8676

2115

2060
Invoice #803386

TICKET NUMBER 49401
LOCATION Oakley KS
FOREMAN Dane Retzlaff

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2/19/15	7173	Frederickson - Ashley Farms #1	32	5	29	Decatur
CUSTOMER Ritchie Exploration			Section KS RD 90 North East into			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			722	Mike		
STATE			460	Keith		
ZIP CODE				Colin		

JOB TYPE Production HOLE SIZE 7 7/8 HOLE DEPTH 4418 CASING SIZE & WEIGHT 5 1/2 15.5 LBS
CASING DEPTH 4404 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 14.2 SLURRY VOL 1.56 WATER gal/sk 6.77 CEMENT LEFT In CASING 21
DISPLACEMENT 104.31 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting. Rig up. Run float equipment. Turbos on 1, 5, 10, 13, 15, 46, 48
Baskets on 47, 46, 76. Circ. on bottom 1 hr. Pump 5 ahead mix mudflush pump 5 behind
mix 180 sks of Dwc 5# kol seal. wash up. Release plug. Displace 104 BBLs of water.
Final lift pressure was 1000 psi. Plug landed at 1500 psi. Leave shut in.

Ball thru at 900 psi.

Thanks Dane & 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	1837.5
5467a	10.57	Ton Mileage Delivery	1.75	1849.75
1126	225 sks	Dwc Cement	23.70	5322.50
110A	1125#	Kol Seal	.56	630.00
1137	56#	EDI 26	10.20	571.20
1146	20#	CAF 38	14.45	289.00
1144a	500 gal	Mudflush	1.00	500.00
4159	1	AFU Float shoe	433.75	433.75
4454	1	Latch down Plug Assembly	567.00	567.00
4136	7	5 1/2 turbolizers	75.75	530.25
4285	1	5 1/2 Port Collar	2178.75	2178.75
4104	3	5 1/2 Baskets	290.00	870.00
			Sub	15908.61
			less 10%	3181.72
			Total	12726.89
			SALES TAX	680.82
			ESTIMATED TOTAL	13407.71

RevIn 3737

AUTHORIZATION

[Signature] TITLE

DATE 2-11-15

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.