

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1264962

Form ACO-1 November 2016 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.:				
Name:		Spot Description:				
Address 1:		SecTwpS. R East West				
Address 2:		Feet from North / South I	ine of Section			
City: State: 2	Zip:+	Feet from	ine of Section			
Contact Person:		Footages Calculated from Nearest Outside Section Corner:				
Phone: ()		□NE □NW □SE □SW				
CONTRACTOR: License #		GPS Location: Lat:, Long:				
Name:		(e.g. xx.xxxxx) (e.g.	-xxx.xxxxx)			
Wellsite Geologist:		Datum: NAD27 NAD83 WGS84				
Purchaser:		County:				
Designate Type of Completion:		Lease Name: Well #:				
New Well Re-Entry	Workover	Field Name:				
☐ Oil ☐ WSW ☐ SWD		Producing Formation:				
Gas DH EOR		Elevation: Ground: Kelly Bushing:				
		Total Vertical Depth: Plug Back Total Depth:				
CM (Coal Bed Methane)		Amount of Surface Pipe Set and Cemented at:	Feet			
Cathodic Other (Core, Expl., etc.):		Multiple Stage Cementing Collar Used? Yes No				
If Workover/Re-entry: Old Well Info as follows:		If yes, show depth set:	Feet			
Operator:		If Alternate II completion, cement circulated from:				
Well Name:		feet depth to:w/	sx cmt.			
Original Comp. Date: Original	Total Depth:					
Deepening Re-perf. Conv. to	EOR Conv. to SWD	Drilling Fluid Management Plan				
Plug Back Liner Conv. to	GSW Conv. to Producer	(Data must be collected from the Reserve Pit)				
Dameit #		Chloride content:ppm Fluid volume:	bbls			
_		Dewatering method used:				
		Location of fluid disposal if hauled offsite:				
		·				
GSW Permit #:		Operator Name:				
		Lease Name: License #:				
Spud Date or Date Reached TD	Completion Date or	Quarter Sec TwpS. R	East West			
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 ☐ Drill Stem Tests Received						
Geologist Report / Mud Logs Received						
UIC Distribution						
ALT I II Approved by: Date:						

Page Two



Operator Name:				Lease Name	e:			_ Well #:	
Sec Twp	S. R.	Eas	t West	County:					
and flow rates if gas	wing and shu to surface te	t-in pressures, wh st, along with final	ether shut-in pre chart(s). Attach	essure reached s extra sheet if m	static I nore sp	evel, hydrosta bace is needed	tic pressures, bot d.	tom hole tempe	val tested, time tool rature, fluid recovery, Digital electronic log
files must be submit								0	3
Drill Stem Tests Take			Yes No		_ Log	g Formatic	on (Top), Depth a		Sample
Samples Sent to Ge	ological Surv	ey	Yes No	N	Name			Тор	Datum
Cores Taken Electric Log Run Geolgist Report / Mu List All E. Logs Run:	_		Yes No Yes No Yes No						
		Rep	CASING port all strings set-c	RECORD	New , intern	Used	on, etc.		
Purpose of String			ize Casing et (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
	5.1		ot (III 0.5.)	200.711.		Борит	Comont	0000	/ Iddilivos
			ADDITIONAL	CEMENTING /	SQUE	EZE RECORD			
Purpose: Perforate		epth Typ Bottom	e of Cement	# Sacks Used	d		Type and F	Percent Additives	
Protect Casing	9								
Plug Off Zone									
. 5:1									(0)
 Did you perform a h Does the volume of 	-	-		t exceed 350,000	gallons	Yes Yes		ip questions 2 an ip question 3)	d 3)
3. Was the hydraulic fra		-	=		_	Yes	= '	out Page Three	of the ACO-1)
Date of first Production	n/Injection or Re	esumed Production/	Producing Meth	nod:					
Injection:			Flowing	Pumping	Ga	as Lift C	other (Explain)		
Estimated Production Per 24 Hours	1	Oil Bbls.	Gas	Mcf	Water	BI	bls. (Gas-Oil Ratio	Gravity
DISPOSIT	TION OF GAS:		N	METHOD OF COM	//PLETI	ON:			N INTERVAL: Bottom
Vented So		on Lease	Open Hole		ually C		nmingled mit ACO-4)	Тор	Bottom
(If vented, S	Submit ACO-18.)				30111111711	(Odbi	TIIL 700 4)		
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At		Acid,	Fracture, Shot, Cer (Amount and Kind	menting Squeeze of Material Used)	Record
TUBING RECORD:	Size:	Set At		Packer At:					
	J.20.	OU! A!	-	. 20.0171					

Form	ACO1 - Well Completion				
Operator	Ritchie Exploration, Inc.				
Well Name	KLITZKE"5B-32D" 2				
Doc ID	1264962				

Tops

Name	Тор	Datum
Anhydrite	1701	+692
B/Anhydrite	1738	+655
Heebner	3790	-1397
Toronto	3810	-1417
Lansing	3828	-1435
B/KC	4099	-1706
Pawnee	4200	-1807
Ft. Scott	4298	-1905
Cherokee Shale	4312	-1919
Cherokee Sand	4315	-1922
Basal Sand	4389	-1966
Mississippian	4422	-2029

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Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	24	216	common	135	2%gel, 3%cc
Production	7.875	5.5	14	4445	60/40 poz		3% salt, 6% gel