KOLAR Document ID: 1426287

Confiden	tiality Re	quested:
Yes	No	

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form ACO-1 January 2018 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

		DECODIDEIO		
WELL	HISTORY	- DESCRIPTIO	N OF WELL	& LEASE

OPERATOR: License #	API No.:
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
Oil WSW SWD 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?
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)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #:	
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #: GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East _ West
Recompletion Date Reached TD Completion Date of 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 III Approved by: Date:				

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Operator Name:	Lease Name: Well #:
Sec TwpS. R East 🗌 West	County:

Page Two

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 (Attach Additional Sh	acate)	Yes No				og Formatio	n (Top), Depth a	and Datum	Sample
Samples Sent to Geolo			⁄es 🗌 No	1	Name	Э		Тор	Datum
Cores Taken Electric Log Run Geologist Report / Mud List All E. Logs Run:		□ Y □ Y	Yes ☐ No Yes ☐ No Yes ☐ No						
		Rep	CASING ort all strings set-c] Ne	w Used rmediate, productio	on. etc.		
Purpose of String	Size Hole Drilled	Siz	ze Casing et (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
[ADDITIONAL	CEMENTING /	SQU	EEZE RECORD			
Purpose: Depth Perforate		Туре	e of Cement	# Sacks Use	Type and Percent Additives				
Protect Casing Plug Back TD Plug Off Zone									
 Did you perform a hydra Does the volume of the Was the hydraulic fracture 	total base fluid of the	hydraulic fr	acturing treatment		-	☐ Yes ns? ☐ Yes ☐ Yes	No (If No, s	kip questions 2 ar kip question 3) ill out Page Three	
Date of first Production/Inj Injection:	jection or Resumed Pr	oduction/	Producing Meth	iod:		Gas Lift 🗌 O	ther <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er Bb	ls.	Gas-Oil Ratio	Gravity
DISPOSITIO	N OF GAS:		Ν	IETHOD OF COM	MPLE	TION:		PRODUCTIC Top	DN INTERVAL: Bottom
Vented Sold (If vented, Subn	Used on Lease	ease Open Hole Perf.			Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)		Bollom		
	Shots Per Perforation Perforation Bridge Plug Bridge Plug Foot Top Bottom Type Set At		Bridge Plug Set At		Acid,		ementing Squeezend of Material Used)		
TUBING RECORD:	Size:	Set At:		Packer At:					

Form	ACO1 - Well Completion	
Operator	Ritchie Exploration, Inc.	
Well Name	NOLA FRAZEY 1	
Doc ID	1426287	

Tops

Name	Тор	Datum
Anhydrite	1868	+353
B/Anhydrite	1890	+321
Wreford	2536	-325
Funston	2594	-383
Beattie	2680	-469
Cottonwood	2697	-486
Neva	2745	-534
Wabaunsee	2946	-735
Tarkio	3054	-843
Topeka	3178	-967
Heebner	3411	-1200
Toronto	3438	-1227
Lansing	3455	-1244
B/KC	3644	-1433
Conglemorate Sand	3694	-1483
Granite Wash	3728	-1517

Form	ACO1 - Well Completion		
Operator	Ritchie Exploration, Inc.		
Well Name	NOLA FRAZEY 1		
Doc ID	1426287		

Perforations

Shots Per Foot	Perforation Top	Perforation Bottom	BridgePlugTyp e	BridgePlugSet At	Material Record
3	3382	3386			(2001)
3	3439	3442			(2001)
2	3455	3458			(2001)
2	3503	3606			(2001)
3	3600	3602			(2001)
3	3607	3610			(2001)

Form	ACO1 - Well Completion	
Operator	Ritchie Exploration, Inc.	
Well Name	NOLA FRAZEY 1	
Doc ID	1426287	

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.50	8.625	24	250	common		3% cc,2% gel
Production	7.875	5.50	14	3736	60/40 poz	125	10% salt
Liner	5.50	4.50	10.50	3353	60/40 poz	250	2% gel, 3/4% cd- 31

and and the second s	
GLOBAL OIL FIE	ELD SERVICES, LLC 3389
REMIT TO 24 S. Lincoln Russell, KS 67665	SERVICE POINT:
DATE 7-10-18 SEC. TWP. RANGE NOTA LEASE FROZET WELL#. 1 LOCATION BO OLD' OR NEW (CIRCLE ONE)	CALLED OUT ON LOCATION JOB START JOB FINISH 10:30 Am COUNTY STATE COUNTY STATE Colored and Am
CONTRACTOR Fighess TYPE OF JOB Fighess HOLE SIZE T.D. CASING SIZE Fighess TUBING SIZE JU, S DEPTH DEPTH DRILL PIPE DEPTH TOOL DEPTH PRES. MAX MINIMUM MBA\$. LINE SHOE JOINT CEMENT LEPT IN CSG. PERFS DISPLACEMENT 53.3	OWNER CEMENT AMOUNT ORDERED Q SO 69/410 236 60c1 w/ FR 15. Red OMMON @ POZMIX @ GEL @ CHLORIDE @ ASC @
EQUIPMENT FUMP TRUCK CEMENTER $3/1/2# 4/7 HELPER ASOABULK TRUCK# 43/2 DRIVER Chris BULK TRUCK # DRIVER$	@
REMARKS: Raw 45 Linea To 335 3 Est. Gipe <u>Cent</u> w 2 sonk Cent. <u>Cent</u> w 2 sonk Cent. <u>Cent</u> did Cipe 1900 # Floor held <u>cent</u> did Cipe to pit Applox STREET STREET	SERVICE DEPTH OF JOB PUMP TRUCK CHARGE EXTRA FOOTAGE MILEAGE MANIFOLD @ MANI
Global Oil Field Services, LLC You are hereby requested to rent cementing equipment and	plug & FLOAT EQUIPMENT ad $Flogt Share 4 @$

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.

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Q PRINTED NAME SIGNATURE

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