KOLAR Document ID: 1681061

Confidentiality Requested:

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 WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No.:				
Name:	Spot Description:				
Address 1:	SecTwpS. R				
Address 2:	Feet from North / South Line of Section				
City: State: Zip:+	Feet from East / West Line 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.gxxx.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:				
☐ OG ☐ GSW	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)				
Committed at Provider	Chloride content: ppm Fluid volume: bbls				
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:				
SWD Permit #:	Location of fluid disposal if hauled offsite:				
EOR Permit #:	Location of fluid disposal if fladied offsite.				
GSW Permit #:	Operator Name:				
<u> </u>	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 III Approved by: Date:				

KOLAR Document ID: 1681061

Page Two

Operator Name:	me: Lease Name:		ne: Well #:					
Sec Twp.	S. R.	Ea	st West	County:				
	lowing and shu	ıt-in pressures, w	hether shut-in pre	ssure reached st	atic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,
Final Radioactivity files must be subm						iled to kcc-well-lo	gs@kcc.ks.gov	v. Digital electronic log
Drill Stem Tests Ta			Yes No			on (Top), Depth ar		Sample Datum
Samples Sent to G	eological Surv	ey	Yes No	Na	me		Тор	
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No					
		Re			New Used	ion, etc.		
Purpose of Strin		Size Hole S Drilled S		Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING / SO	QUEEZE RECORD	l		
Purpose:		epth Ty Bottom	pe of Cement	# Sacks Used	d Type and Percent Additives			
Protect Casii								
Plug Off Zon								
 Did you perform a Does the volume o Was the hydraulic 	of the total base f	luid of the hydraulic	fracturing treatment	_	_	No (If No, sk	ip questions 2 an ip question 3) out Page Three	,
Date of first Producti Injection:	on/Injection or Re	esumed Production	/ Producing Meth	nod:	Gas Lift 0	Other <i>(Explain)</i>		
Estimated Production Oil Bbls. Per 24 Hours					Bbls. Gas-Oil Ratio		Gravity	
DISPOSITION OF GAS: METHOD OF CON				METHOD OF COMP	LETION:			ON INTERVAL:
	_	on Lease	Open Hole			mmingled mit ACO-4)	Тор	Bottom
,	Submit ACO-18.)							
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)			Record
TUBING RECORD:	Size:	Set /	At:	Packer At:				
. 5213 12.00 10.	5120.		···	. 30.0.71				

Form	ACO1 - Well Completion
Operator	Ritchie Exploration, Inc.
Well Name	SANKO 2
Doc ID	1681061

Tops

Name	Тор	Datum
Anhydrite	1519	+1000
B/Anhydrite	1567	+952
Stotler	3618	-1099
Heebner	4278	-1759
Toronto	4293	-1774
Douglas	4341	-1822
Brown Lime	4407	-1888
Lansing	4414	-1895
Muncie Shale	4602	-2083
Hush. Shale	4773	-2254
ВКС	4814	-2295
Pleasanton	4820	-2301
Altamont	4888	-2369
Pawnee	4946	-2427
Cherokee Shale	4990	-2171
Huck	5083	-2564
Atoka Shale	5097	-2578
Mississippian	5118	-2599

Form	ACO1 - Well Completion
Operator	Ritchie Exploration, Inc.
Well Name	SANKO 2
Doc ID	1681061

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	8.63	24	358	Class A	225	3%cc,2%g el
Production	7.88	5.50	15.50	5266	AA2	_	AA- 2,10%salt, 5%W-60