

Confidentiality Requested:

☒ Yes ☐ NoKANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

Form must be Typed

Form must be Signed

All blanks must be Filled

CONFIDENTIAL WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASEOPERATOR: License # 4767Name: Ritchie Exploration, Inc.Address 1: 8100 E 22ND ST N # 700Address 2: PO BOX 783188City: WICHITA State: KS Zip: 67278 + 3188Contact Person: Peter FioriniPhone: (316) 691-9500CONTRACTOR: License # 32970Name: H-D Oilfield Service, Inc.Wellsite Geologist: Peter FioriniPurchaser: CHS

Designate Type of Completion:

☐ New Well ☐ Re-Entry ☒ Workover☒ Oil ☐ WSW ☐ SWD☐ Gas ☐ DH ☐ EOR☐ OG ☐ GSW☐ CM (Coal Bed Methane)☐ Cathodic ☐ Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: Ritchie Exploration, Inc.Well Name: Fischer 10AOriginal Comp. Date: 3/9/2022 Original Total Depth: 5042☐ Deepening ☒ Re-perf. ☐ Conv. to EOR ☐ Conv. to SWD
☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer☐ Commingled Permit #: _____☐ Dual Completion Permit #: _____☐ SWD Permit #: _____☐ EOR Permit #: _____☐ GSW Permit #: _____7/1/2025 7/1/2025 7/11/2025Spud Date or
Recompletion Date Date Reached TD Completion Date or
Recompletion DateAPI No.: 15-057-21064-00-01Spot Description: 46°N & 127°W of- E2 - SW-NE Sec. 10 Twp. 26 S. R. 24 ☐ East ☒ West3344 Feet from ☐ North / ☒ South Line of Section1773 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SWGPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84County: FordLease Name: FISCHER 10A Well #: 1

Field Name: _____

Producing Formation: Morrow SandElevation: Ground: 2498 Kelly Bushing: 2510Total Vertical Depth: 5042 Plug Back Total Depth: 4993Amount of Surface Pipe Set and Cemented at: 315 FeetMultiple Stage Cementing Collar Used? ☒ Yes ☐ NoIf yes, show depth set: 1576 FeetIf Alternate II completion, cement circulated from: 0feet depth to: 576 w/ 210 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 RequestedDate: 08/13/2025☐ Confidential Release Date: 08/13/2027☐ Wireline Log Received ☐ Drill Stem Tests Received☐ Geologist Report / Mud Logs Received☐ UIC DistributionALT ☐ I ☒ II ☐ III Approved by: Alexis Vincent Date: 08/14/2025