Confidentiality Requested:
☑ Yes ☐ No

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

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

OPERATOR: License # 4767
Name: Ritchie Exploration, Inc.
Address 1: 8100 E 22ND ST N # 700
Address 2: PO BOX 783188
City: WICHITA State: KS Zip: 67278 + 3188
Contact Person: John Goldsmith
Phone: (316) 691-9500
CONTRACTOR: License # 34059
Name: Hurricane Services, Inc
Wellsite Geologist: John Goldsmith
Purchaser:

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: Bradshaw 9D
Original Comp. Date: 10/1/2025 Original Total Depth: 4750
☐ 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 #:

4/14/2026	04/14/2026	04/27/2026
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No.: 15-193-21151-00-01
Spot Description: 5'S & 96'E of
__ - NE - NW - SE Sec. 9 Twp. 8 S. R. 34 ☐ East ☑ West
2305 Feet from ☐ North / ☑ South Line of Section
1884 Feet from ☑ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☑ SE ☐ SW
GPS Location: Lat: ____ *(e.g. xx.xxxxx)*, Long: ____ *(e.g. -xxx.xxxxx)*
Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84
County: Thomas
Lease Name: BRADSHAW 9D Well #: 1
Field Name:
Producing Formation: L/KC, Altamont, Cherokee, Johnson, Morrow Sand
Elevation: Ground: 3206 Kelly Bushing: 3211
Total Vertical Depth: 4750 Plug Back Total Depth: 4723
Amount of Surface Pipe Set and Cemented at: 301 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: 05/14/2026
☐ **Confidential Release Date:** 05/13/2028
☐ **Wireline Log Received** ☐ **Drill Stem Tests Received**
☐ **Geologist Report / Mud Logs Received**
☐ **UIC Distribution**
ALT ☑ **I** ☐ **II** ☐ **III** **Approved by:** Alexis Vincent **Date:** 05/22/2026