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: Peter Fiorini
Phone: (316) 691-9500
CONTRACTOR: License # 32970
Name: H-D Oilfield Service, Inc.
Wellsite Geologist: Peter Fiorini
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: Arch
Original Comp. Date: 1/10/2012 Original Total Depth: 5325
☐ 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 #:

5/26/2026	5/26/2026	6/16/2026
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No.: 15-057-20776-00-01
Spot Description: 105'S & 24'W of E2NESE
__ - E2 - NE - SE Sec. 32 Twp. 28 S. R. 23 ☐ East ☑ West
1868 Feet from ☐ North / ☑ South Line of Section
360 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: Ford
Lease Name: ARCH Well #: 3
Field Name:
Producing Formation: Pawnee
Elevation: Ground: 2507 Kelly Bushing: 2518
Total Vertical Depth: 5325 Plug Back Total Depth: 5275
Amount of Surface Pipe Set and Cemented at: 350 Feet
Multiple Stage Cementing Collar Used? ☑ Yes ☐ No
If yes, show depth set: 1450 Feet
If Alternate II completion, cement circulated from: 1450
feet depth to: 0 w/ 260 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: 06/17/2026
☐ **Confidential Release Date:** 06/16/2028
☐ **Wireline Log Received** ☐ **Drill Stem Tests Received**
☐ **Geologist Report / Mud Logs Received**
☑ **UIC Distribution**
ALT ☐ I ☑ II ☐ III **Approved by:** Alexis Vincent **Date:** 06/18/2026