FORM MUST BE TYPED

SIDE ONE

21-10S-20W

COPY

Ind

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

API NO. 15- 15-163-20,620 0001

County Rooks

W/2 SE SE - Sec. 21 Twp. 10 Rge. 20W E/W

660 Feet from (S)/N (circle one) Line of Section

990 Feet from (E)/W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner: NE, (SE), NW or SW (circle one)

Operator: License # 4767

Name: Ritchie Exploration, Inc.

Address 125 N. Market, Suite 1000

City/State/Zip Wichita, KS 67202

Purchaser: Texaco

Operator Contact Person: Lisa Thimmesch

Phone (316) 267-4375

Contractor: Name:

License:

Wellsite Geologist:

Lease Name Keller "P" Well # 5

Field Name

Producing Formation Arbuckle

Elevation: Ground 2172 KB KB

Total Depth 3764 PBTD 3764

Amount of Surface Pipe Set and Cemented at ______ 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.

Designate Type of Completion
____ New Well ____ Re-Entry X Workover

X Oil ____ SWD ____ SIOW ____ Temp. Abd.
____ Gas ____ ENHR ____ SIGW
____ Dry ____ Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-Entry: old well info as follows:

Operator: Thorton Anderson

Well Name: Keller "B" #5

Comp. Date 5/76 Old Total Depth 3760

____ Deepening ____ Re-perf. ____ Conv. to Inj/SWD
____ Plug Back ______ PBTD
____ Commingled Docket No. ______
____ Dual Completion Docket No. ______
____ Other (SWD or Inj?) Docket No. ______
X Squeeze

10-3-95 | | 10-19-95
~~Spud~~ Date OF START OF WORKOVER | Date Reached TD | Completion Date OF WORKOVER

Drilling Fluid Management Plan REWORK JH 1-11-96
(Data must be collected from the Reserve Pit)

Chloride content ______ ppm Fluid volume ______ bbls

Dewatering method used ______

Location of fluid disposal if hauled offsite:

RELEASED

Operator Name ______ FEB 6 1997

Lease Name ______ License No.

FROM CONFIDENTIAL

____ Quarter Sec. ____ Twp. ____ S Rng. ____ E/W

County ______ Docket No. ______

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature [signature]

Title President Date 12/15/95

Subscribed and sworn to before me this 15th day of December 19 95

Notary Public [signature]

Date Commission Expires

LISA THIMMESCH
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 8-29-99

K.C.C. OFFICE USE ONLY
F ✓ Letter of Confidentiality Attached
C ____ Wireline Log Received
C ____ Geologist Report Received

Distribution
✓ KCC ____ SWD/Rep ____ NGPA
✓ KGS ____ Plug ✓ Other (Specify) IS

Form ACO-1 (7-91)

SIDE TWO

75289

Operator Name Ritchie Exploration, Inc. Lease Name Keller "P" Well # 5

Sec. 21 Twp. 10 Rge. 20W ☐ East ☐ West County Rooks

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken (Attach Additional Sheets.)	☐ Yes	☐ No	☐ Log	Formation (Top), Depth and Datums ☐ Sample
Samples Sent to Geological Survey	☐ Yes	☐ No	Name	Top Datum
Cores Taken	☐ Yes	☐ No		
Electric Log Run (Submit Copy.)	☐ Yes	☐ No		
List All E.Logs Run:				

CASING RECORD ☐ New ☐ Used

Report all strings set-conductor, surface, intermediate, production, etc.

Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs./Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate				
X Protect Casing	1288'1317'	Common	250	3% CC
___ Plug Back TD				
___ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
	3756.5'-59.5		

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 3/8"	3745		☐ Yes ☒ No

Date of First, Resumed Production, SWD or Inj.	Producing Method
10-19-95	☐ Flowing ☒ Pumping ☐ Gas Lift ☐ Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	4.5		129		

Disposition of Gas:

☐ Vented ☐ Sold ☐ Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION

☐ Open Hole ☒ Perf. ☐ Dually Comp. ☐ Commingled

☐ Other (Specify) _____

Production Interval

_____