

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

Operator: License # 4767Name: Ritchie Exploration, Inc.Address 125 N. Market, Suite 1000City/State/Zip Wichita, KS 67202Purchaser: Koch Oil CompanyOperator Contact Person: A. Scott Ritchie IIIPhone (316) 267-4375

Contractor: Name: \_\_\_\_\_

License: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Designate Type of Completion

☐ New Well ☐ Re-Entry ☒ Workover

☒ 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: A. Scott RitchieWell Name: #1 RodieComp. Date 11/21/84 Old Total Depth 4610'

☒ Deepening ☐ Re-perf. ☐ Conv. to Inj/SWD  
☐ Plug Back ☐ PBTB  
☒ Commingled ☐ Docket No. \_\_\_\_\_  
☐ Dual Completion ☐ Docket No. \_\_\_\_\_  
☐ Other (SWD or Inj?) ☐ Docket No. \_\_\_\_\_

10/11/90 10/12/90  
 Spud Date Date Reached TD Completion Date

API NO. 15- 063-20,810001County GoveC - NW - SE Sec. 15 Twp. 11S Rge. 31 X E W1980 Feet N/S (circle one) of Section Line1980 Feet E/W (circle one) of Section LineFootages Calculated from Nearest Outside Section Corner:  
NE, SE, NW or SW (circle one)Lease Name Rodie Well # 1

Field Name \_\_\_\_\_

Producing Formation Myrick Station & MississippiaElevation: Ground 2990' KB 2995'Total Depth 4663' PBTB \_\_\_\_\_

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.

Drilling Fluid Management Plan into RW 11-12-90  
(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 No. \_\_\_\_\_

\_\_\_\_\_  
Quarter Sec \_\_\_\_\_ Twp. \_\_\_\_\_ Rge. \_\_\_\_\_ E/W

County \_\_\_\_\_ Docket No. \_\_\_\_\_

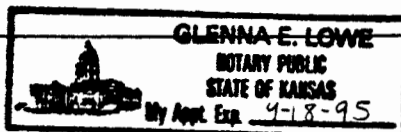
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information on 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 \_\_\_\_\_

Title President Date 10/12/92Subscribed and sworn to before me this 12th day of October, 1992.Notary Public Glenna E. Lowe

Date Commission Expires \_\_\_\_\_



## 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) \_\_\_\_\_

RECEIVED

STATE CORPORATION COMMISSION

Form ACO-1 (7-91)

OCT 14 1992

CONSERVATION DIVISION  
WICHITA, KANSAS

Sec. 15 Twp. 11S Rge. 31 ☐ East ☒ West

County Gove

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 ☐ Yes ☐ No  
(Attach Additional Sheets.)  
Samples Sent to Geological Survey ☐ Yes ☐ No  
Cores Taken ☐ Yes ☐ No  
Electric Log Run ☐ Yes ☐ No  
(Submit Copy.)

☐ Log Formation (Top), Depth and Datums ☐ Sample  
Name Top Datum

List All E.Logs Run:

| CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> 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 |
| <input type="checkbox"/> Perforate      |                  |                |             |                            |
| <input type="checkbox"/> Protect Casing |                  |                |             |                            |
| <input type="checkbox"/> Plug Back TD   |                  |                |             |                            |
| <input type="checkbox"/> 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 |
|----------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------|
|                | Drilled out CIBP at 4610'                                                              |                                                                                |       |
|                |                                                                                        |                                                                                |       |
|                |                                                                                        |                                                                                |       |
|                |                                                                                        |                                                                                |       |

| TUBING RECORD                                  |           | Size                                                                                                                                                                     | Set At      | Packer At     | Liner Run | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------|-----------|----------------------------------------------------------|
|                                                |           | 2-7/8"                                                                                                                                                                   | 4659'       |               |           |                                                          |
| Date of First, Resumed Production, SWD or Inj. |           | Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) |             |               |           |                                                          |
| 10/12/90                                       |           |                                                                                                                                                                          |             |               |           |                                                          |
| Estimated Production Per 24 Hours              | Oil Bbls. | Gas Mcf                                                                                                                                                                  | Water Bbls. | Gas-Oil Ratio | Gravity   |                                                          |
|                                                | 10        |                                                                                                                                                                          | 178         |               |           |                                                          |

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