

2280

COPY SIDE ONE

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

API NO. 15- 083-21,336

County Hodgeman

OCT 09

NE - SE - SW - Sec. CONFIDENTIAL Twp. 25 Rge. 24 X W

Operator: License # 4767

Name: Ritchie Exploration, Inc.

Address 125 N. Market, Suite 1000

City/State/Zip Wichita, KS 67202

Purchaser: Koch Oil Company

Operator Contact Person: A. Scott Ritchie III

Phone (316) 267-4375

Contractor: Name: _____

License: _____

Wellsite Geologist: _____

Designate Type of Completion
 New Well Re-Entry Workover

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

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

Operator: Ritchie Exploration, Inc.

Well Name: #1 McCreight

Comp. Date 7/2/90 Old Total Depth 4470'
Old PBDT 4406'

** Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBDT
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

7/25/91 7/29/91
Spud Date Date Reached TD Completion Date

**Knocked out cast iron bridge plug @ 4406'

990 Feet from (S) Line of Section

2970 Feet from (E) Line of Section

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

Lease Name McCreight Well # 1

Field Name Goebel NE

Producing Formation Mississippian, Ft. Scott

Elevation: Ground 2279' KB 2284'

Total Depth 4470' PBDT _____

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
(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. _____ 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 Leah Kasten

Title Leah Kasten, Geologist Date 10/9/91

Subscribed and sworn to before me this 9th day of October 19 91.

Notary Public Glenna E. Lowe

Date Commission Expires 9/18/95

GLENN E. LOWE
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 9/18/95

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
Geologist Report Received
RECEIVED
STATE CORPORATION COMMISSION
Distribution
KCC _____ SWD/Rep _____ NGPA _____
KGS _____ Plug _____ Other (Specify)
OCT 10 1991
CONSERVATION DIVISION
Wichita, Kansas

SIDE TWO

Operator Name Ritchie Exploration, Inc. Lease Name McCreight Well # 1
 Sec. 1 Twp. 21S Rge. 24 East County Hodgeman
 West

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests g. g 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.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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
4	4415'-4416½'	500 gal. 15% INS	
2	4311'-4314' & 4293½'-4296'	500 g., 600 g., 500 g.	

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumed Production, SWD or Inj. 7/29/91	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
---	---

Estimated Production Per 24 Hours	Oil Bbls. 20 BOPD	Gas Mcf	Water Bbls. 179 BWPD	Gas-Oil Ratio	Gravi
-----------------------------------	-------------------	---------	----------------------	---------------	-------

Disposition of Gas: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18.)	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input checked="" type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	Production Interval _____
--	---	---------------------------