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

Form ACO-1
September 1999
Form Must Be Typed

Operator: License # 4767
Name: Ritchie Exploration, Inc.
Address: P.O. Box 783188
City/State/Zip: Wichita, KS 67278-3188
Purchaser: NCRA
Operator Contact Person: John Niernberger
Phone: (316) 691-9500
Contractor: Name: _____
License: _____

RECEIVED

FEB 11 2004

Wellsite Geologist: KCC WICHITA

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: Baird Oil Company

Well Name: Donahey #1

Original Comp. Date: 8/23/80 Original Total Depth: 3477'

____ Deepening ____ Re-perf. ____ Conv. to Enhr./SWD

____ Plug Back ____ Plug Back Total Depth

☒ Commingled ____ Docket No. _____

____ Dual Completion ____ Docket No. _____

____ Other (SWD or Enhr.?) ____ Docket No. _____

12/01/03 12/15/03 12/15/03

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 147-20282 -0001

County: Phillips

____ C ____ NE ____ SW Sec. 25 Twp. 4S S. R. 20 ☐ East ☒ West

3300 feet from S N (circle one) Line of Section

3040 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Donahey Well #: 1

Field Name: Slinker

Producing Formation: Toronto/LKC

Elevation: Ground: 1963 Kelly Bushing: 1968

Total Depth: 3477 Plug Back Total Depth: 3432

Amount of Surface Pipe Set and Cemented at 215 Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set _____ Feet

If Alternate !! 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. R. _____ ☐ East ☐ West

County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, 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 of 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: Production Manager Date: 2/10/04

Subscribed and sworn to before me this 10th day of February

20 04

Notary Public: Debra K. Phillips My Appt. Expires 5/4/07

Date Commission Expires: 5/4/2007

KCC Office Use ONLY

____ Letter of Confidentiality Attached

If Denied, Yes ☐ Date: _____

____ Wireline Log Received

____ Geologist Report Received

____ UIC Distribution

Side Two

Operator Name: Ritchie Exploration, Inc. Lease Name: Donahey Well #: 1
 Sec. 25 Twp. 4S S. R. 20 ☐ East ☒ West County: Phillips

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input checked="" type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Toronto	3104	-1136
Electric Log Run (Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	L/KC	3122	-1154

List All E. Logs Run:

Gamma Ray Log
Radiation Guard Log

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KCC WICHITA

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
Surface	12-1/4"	8-5/8"	24#	215	common	200	
Production	7-7/8"	4-1/2"	10.5#	3475	Class A/poz	285	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	707'-1175'	common	250	3% cc

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	3320'-3322' (L/KC) - 9/1980	500 gals 28% NE & 1500 gals 15% CRA	
4	3272'-3274' (L/KC) - 9/1980	500 gals 28% NE & 1500 gals 15% CRA	
4	3158'-3162' (L/KC) - 9/1980	500 gals 28% NE & 1500 gals 15% CRA	
1	3175' (L/KC) - 9/1980	500 gals 28% NE	
4	3106'-3109' (Toronto) - 12/2003 *****	500 gals 15% NE	
TUBING RECORD			
Size 2"	Set At 3373'	Packer At 3076'	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. 12/16/2003		Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)	
Estimated Production Per 24 Hours	Oil Bbls. 5.41	Gas Mcf 0	Water Bbls. 102.80 Gas-Oil Ratio Gravity 32.1

Disposition of Gas METHOD OF COMPLETION

Production Interval

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

☐ Open Hole ☒ Perf. ☐ Dually Comp. ☐ Commingled
☐ Other (Specify) _____