

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

Operator: License # 4767
Name: Ritchie Exploration, Inc.
Address 125 N. Market, Suite 1000
Wichita, KS 67202
City/State/Zip
Purchaser: Koch Oil
Operator Contact Person: A. Scott Ritchie III
Phone (316) 267-4375
Contractor: Name: _____
License: _____
Wellsite Geologist: DEC 2
Designate Type of Completion CONFIDENTIAL
____ 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: Ritchie Exploration, Inc.
Well Name: Schuck-11C
Comp. Date 5-9-91 Old Total Depth 3824
____ Deepening X Re-perf. ____ Conv. to Inj/SWD
____ Plug Back ____ PBTB
____ Commingled ____ Docket No. ____
____ Dual Completion ____ Docket No. ____
____ Other (SWD or Inj?) ____ Docket No. ____
9-30-92 10-5-92
Spud Date Date Reached TD Completion Date

API NO. 15- 065-22,628 0001
County Graham
SW NE SW Sec. 11 Twp. 6 Rge. 23W E/W
1690 Feet from S/N (circle one) Line of Section
3610 Feet from E/W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE NW or SW (circle one)
Lease Name Schuck 15AD11C Well # 2
Field Name _____
Producing Formation L/KC
Elevation: Ground 2381 KB 2386
Total Depth 3824 PBTB na
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 cat.
Drilling Fluid Management Plan 12-21-92 RD
(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 _____ 2-14-95-RELEASED
Lease Name _____ License No. FEB 14 1995
____ Quarter Sec. ____ Twp. ____ S Rng. ____ E/W
County _____ FROM CONFIDENTIAL

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 12-2-92
Subscribed and sworn to before me this 2nd day of December 1992.
Notary Public [Signature]
Date Commission Expires _____

K.C.C. OFFICE USE ONLY
F _____ Letter of Confidentiality Attached
C _____ Wireline Log Received
C _____ Geologist Report Received
Distribution
____ SWD/Rep ____ NGPA
____ KGS ____ Plug ____ Other (Specify)

LISA THIMMESCH
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 8-2-95

RECEIVED
KANSAS CORPORATION COMMISSION
DEC 02 1992
12-2-92
CONSERVATION DIVISION
WICHITA, KS

Operator Name Ritchie Exploration, Inc. Lease Name Schuck 15AD11C Well # 2
 Sec. 11 Twp. 6 Rge. 23W East County Graham
 West

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.)	<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
3	3729.5'-3735.5' - 140' zone	250 gal. 28% NE and	3729.5' - 3735.5'
3	3655'-3657' - 50' zone	600 gal. 15% NE	
3	3638'-3642' - 35' zone		

TUBING RECORD		Size	Set At	Packer At	Liner Run			
		2 3/8"	3811'	NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Date of First, Resumed Production, SWD or Inj.				Producing Method				
10-5-92				<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.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity			
	6.02	0	126.56					

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 _____