

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

API NO. 15- 163-22,959-001 ORIGINAL

County Rooks

NE-SW - NW - Sec. 6 Twp. 7S Rge. 20 E W

Operator: License # 4767

3630 S Feet from S/N (circle one) Line of Section

Name: Ritchie Exploration, Inc.

4290 E Feet from E/W (circle one) Line of Section

Address P.O. Box 783188

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

City/State/Zip Wichita, KS 67278

Lease Name Waller A Well # 1

Purchaser: Equiva Trading

Field Name _____

Operator Contact Person: Karen Hopper

Producing Formation L/KC-----Arbuckle

Phone (316) 691-9500

Elevation: Ground 2188 KB 2193

Contractor: Name: KCC

Total Depth 3750 PBDT 3690

License: APR 11 2000

Amount of Surface Pipe Set and Cemented at 311 Feet

Wellsite Geologist: _____

Multiple Stage Cementing Collar Used? Yes No

Designate Type of Completion
 New Well Re-Entry Workover

If yes, show depth set 1806 Feet

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

If Alternate II completion, cement circulated from 1806

feet depth to surface w/ 300 sx cmt.

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

Drilling Fluid Management Plan ACT II
(Data must be collected from the Reserve Pit)

Operator: Ritchie Exploration, Inc.

Chloride content _____ ppm Fluid volume _____ bbls

Well Name: #1 Waller A

Dewatering method used _____

Comp. Date 11/87 Old Total Depth 3750

Location of fluid disposal if hauled offsite: **RELEASED**

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

Operator Name JUN 13 2002 6-13-2002

Lease Name FROM CONFIDENTIAL

1/13/00 1/21/00

Spud Date 1/13/00 Date Reached TD 1/21/00 Completion Date _____

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 4/10/00

Subscribed and sworn to before me this 10th day of April, 2000.

Notary Public Karen Hopper

Date Commission Expires 10/27/03

K.C.C. OFFICE USE ONLY					
F	<input checked="" type="checkbox"/>	Letter of Confidentiality Attached			
C	<input type="checkbox"/>	Wireline Log Received			
C	<input type="checkbox"/>	Geologist Report Received			
Distribution					
<input type="checkbox"/>	KCC	<input type="checkbox"/>	SWD/Rep	<input type="checkbox"/>	NGPA
<input type="checkbox"/>	KGS	<input type="checkbox"/>	Plug	<input type="checkbox"/>	Other
(Specify)					

KAREN HOPPER
Notary Public - State of Kansas
My Appt. Expires 10/27/03

Operator Name Ritchie Exploration, Inc. Lease Name Waller A Well # 1

Sec. 6 Twp. 7S Rge. 20

East
 West

County Rooks

INSTRUCTIONS: Show important tops and base of formations penetrated. Describe 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.)

List All E.Logs Run:

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

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
<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	3662'-3668' (Arbuckle) Perfed on completion-under CIBP drilled out CIBP.)	1000 gal. 15% MCA (on completion)

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2 3/8"	3685'		

Date of First, Resumed Production, SWD or Inj.	Producing Method
1/22/00	<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
	5	0	8		

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 _____