

CONFIDENTIAL

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

Operator: License # 4767

Name: Ritchie Exploration, Inc.

Address 125 N. Market, Suite 1000

City/State/Zip Wichita, KS 67202

Purchaser: Koch

Operator Contact Person: Lisa Thimmesch

Phone (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: Ritchie Exploration, Inc.

Well Name: #1 Anita Davis

Comp. Date 6/88 Old Total Depth 3764

CEMENT SQUEEZE + ACIDIZING TREATMENT

Deepening Re-perf. Conv. to Inj/SWD

Plug Back _____ PSTD _____

Commingled _____ Docket No. _____

Dual Completion _____ Docket No. _____

Other (SWD or Inj?) _____ Docket No. _____

6-19-95 6-29-95

~~Spud~~ Date OF START OF WORKOVER _____ Date Reached TD _____ Completion Date OF WORKOVER _____

API NO. 15- 15-065-22,464⁰⁰⁰¹

ORIGINAL

County Graham

30' W. NE - NW - NW Sec. 7 Twp. 7 Rge. 21W E

4950 Feet from S/W (circle one) Line of Section

4320 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 Anita Davis Well # 1

Field Name _____

Producing Formation L/KC, Toronto

Elevation: Ground 2210 KB 2215

Total Depth 3764 PSTD 3688

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 REWORK JH 12-26-95
(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 LOV 1 1996 11-1-96 nuc

Lease Name _____ License SEP 14

~~FROM CONFIDENTIAL~~ ~~CONFIDENTIAL~~

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 and 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 9-14-95

Subscribed and sworn to before me this 14th day of Sept 19 95

Notary Public [Signature]

Date Commission Expires _____

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

LISA THIMMESCH
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 8-29-99

Operator Name Ritchie Exploration, Inc. Lease Name Anita Davis Well # 1

Sec. 7 Twp. 7 Rge. 21W East West
 County Graham

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 checked="" 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 checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
List All E.Logs Run:			

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediates, 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	3437-3556	60/40 poz	150	N/A
<input type="checkbox"/> Plug Back TD				
<input checked="" type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used) Depth	
3	3631'-3633' 220' zone		1100 gal 15% NE & 2-200# 3651'-	
3	3620.5'-3623' 200' zone		Benzoic acid plugs 3592'	
3	3477'-3478' 35' zone			
3	3446'-3449' Top zone			
3	3429.5'-3432' Toronto		1000 gal 15% NE & 1-200# 3464'-	
3	3600.5'-3604' 180' zone		Benzoic acid plug 3406'	

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		2 3/8"	3651.98'	N/A		
Date of First, Resumed Production, SWD or Inj.			Producing Method			
6-29-95			<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
	3.80				169.00	

Disposition of Gas:	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18.)	<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) _____	_____

ALLIED CEMENTING CO., INC.

0999

ORIGINAL

SERVICE POINT:

Dakley

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

DATE <u>6-20-95</u>	SEC. <u>7</u>	TWP. <u>7</u>	RANGE <u>21</u>	CALLED OUT	ON LOCATION <u>11:00 AM</u>	JOB START	JOB FINISH <u>4:45 PM</u>
LEASE <u>Anita Davis</u>	WELL # <u>1</u>	LOCATION <u>Bogue + 24 Jct 1 1/2 W - 6 N - 1/4 E. S. 33</u>			COUNTY <u>Graham</u>	STATE <u>Kan</u>	

CONFIDENTIAL

OLD OR NEW (Circle one)

CONTRACTOR Express Well Service

TYPE OF JOB Squeeze

HOLE SIZE _____ T.D. _____

CASING SIZE 4 1/2" DEPTH _____

TUBING SIZE 2" DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL Express DEPTH 3437

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. 2 Plug 2

OWNER Same
CEMENT

AMOUNT ORDERED 150 SKs 60/40 per
2-Sand

COMMON	<u>90</u>	<u>SKs</u>	@	<u>6 10</u>	<u>549 00</u>
POZMIX	<u>60</u>	<u>SKs</u>	@	<u>3 15</u>	<u>189 00</u>
GEL			@		
CHLORIDE			@		
Sand	<u>2</u>	<u>SKs</u>	@	<u>5 25</u>	<u>10 50</u>

EQUIPMENT

RELEASED 11-1-96
NOV 1 1996

PUMP TRUCK CEMENTER Walt

191 HELPER Wayne

BULK TRUCK

218 DRIVER Dean

BULK TRUCK

_____ DRIVER _____

HANDLING 150 SKs @ 1 05 157 50

MILEAGE 44 per sk/mile 342 00

SEP 14

TOTAL 1,248 00

CONFIDENTIAL SERVICE

REMARKS:

Test Plug 2 1500psi, Held, Turned
hole w/ Fresh Water,
Spotted 2-Sand, waited 30 min.
Set Tool 2 3437', Tool rate: 4 BPM
700 psi, mixed 150 SKs cement, Displaced
8 BBL, Squeezed to 1200psi, Circ Hole
clean + 1 Hrs, Test Squeeze, Held.
Hal Co

DEPTH OF JOB	<u>3437'</u>
PUMP TRUCK CHARGE	<u>1,030 00</u>
EXTRA FOOTAGE	@ _____
MILEAGE	<u>57-miles</u> @ <u>2 35</u> <u>133 95</u>
PLUG	@ _____

TOTAL 1,163 95

CHARGE TO: Ritchie Explorations

STREET 125 N Market, Suite #1000

CITY Wichita STATE Kan ZIP 67202

FLOAT EQUIPMENT

_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____

TOTAL _____

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

SIGNATURE [Signature]