

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

API NO. 15- 179-20,622-000 ORIGINAL
County Sheridan
SW. SE. NW Sec. 27 Twp. 8 Rge. 26W

CONFIDENTIAL

Operator: License # 4767
Name: Ritchie Exploration, Inc.
Address: 125 N. Market, Suite 1000

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

City/State/Zip Wichita, KS 67202

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

Purchaser: Texaco

Lease Name Robben "P" Well # 4

Operator Contact Person: Lisa Thimmesch

Field Name Studley, South

Phone (316) 267-4375

Producing Formation L/KC

Contractor: Name: _____

Elevation: Ground 2547 KB _____

License: _____

Total Depth 3959 PSTD 3969

Wellsite Geologist: _____

Amount of Surface Pipe Set and Cemented at _____ Feet

Designate Type of Completion
____ New Well ____ Re-Entry Workover

Multiple Stage Cementing Collar Used? ____ Yes ____ No

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

If yes, show depth set _____ Feet

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

If Alternate II completion, cement circulated from _____

Operator: Don E. Pratt

feet depth to _____ w/ _____ sx cat.

Well Name: #4-27 Robben

Drilling Fluid Management Plan REWORK 8/9 6-5-95
(Data must be collected from the Reserve Pit)

Comp. Date 9/81 Old Total Depth 3959

Chloride content _____ ppm Fluid volume _____ bbls.

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

Dewatering method used _____

8-19-94 8-22-94 8-22-94
Date OF START OF WORKOVER Date Reached TD Completion Date OF WORKOVER

Location of fluid disposal if hauled offsite: _____

Operator Name **RELEASED**
Lease Name 1-11-1996 **OCT 20**
JAN 1 1996 License No. _____
Quarter Sec. Twp. S Rng. E/W
County **FROM CONFIDENTIAL** 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 operations.

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 10/20/94

Subscribed and sworn to before me this 10th day of October 1994.

Notary Public [Signature]

Date Commission Expires _____

LISA THIMMESCH
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 8-29-95

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

Operator Name Ritchie Exploration, Inc.

Lease Name Robben "P"

Well # 4

Sec. 27 Twp. 8 Rge. 26W
 East
 West

County Sheridan

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 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 <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	3792'-3798' "F" zone	3900'-3904' K	3826'-3710'
3	3761'-3765' "D" zone	3880'-3884' J zone	
3	3747'-3750' "C" zone		
3	3842'-3850' "H" zone	3922'-3926' "L" zone	

TUBING RECORD		Size	Set At	Packer At	Liner Run		
		2 3/8"	3946.2'	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Date of First, Resumed Production, SWD or Inj.		Producing Method					
8-22-94		<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
	2.5				6.5		

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 _____