

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

*Rel. 4-10-01*

API NO. 15- 135-23,522 000201

County Ness

**ORIGINAL**

S/2-S/2-NW- 17 Sec. 17 Twp. 16 S Rge. 21 X W

Operator: License # 4767

**ORIGINAL**

Name: Ritchie Exploration, Inc.

Address P.O. Box 783188

City/State/Zip Wichita, KS 67278

Purchaser: Texaco Trading & Trans.

Operator Contact Person: Julie Stout

Phone (316) 691-9500

Contractor: Name: Plain's Inc.

License: 4072

Wellsite Geologist: \_\_\_\_\_

Designate Type of Completion

New Well  Re-Entry  Workover

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

If Workover/Reentry: Old Well Info as follows:

Operator: Ritchie Exploration, Inc.

Well Name: #1 Suppes

Comp. Date 12/13/96 Old Total Depth 4350

Deepening  Re-perf.  Conv. to Inj/SWD  
 Plug Back  PBTB

Commingled  Docket No. \_\_\_\_\_

Dual Completion  Docket No. \_\_\_\_\_

Other (SWD or Inj?)  Docket No. \_\_\_\_\_

4-1-97

Spud Date

4-7-97  
Date Reached TD

4-7-97  
Completion Date

2970 Feet from S/W (circle one) Line of Section

3960 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 Suppes Well # 1

Field Name unknown

Producing Formation Cherokee Sand

Elevation: Ground 2344' KB 2349'

Total Depth 4350' PBTB n/a

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 cmt.

Drilling Fluid Management Plan Re-work, 9-8-'98 etc.  
(Data must be collected from the Reserve Pit)

Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls

Desaturating method used \_\_\_\_\_

Location of fluid released or hauled offsite: \_\_\_\_\_

Operator Name APR 10 2001

APR 10 2001

Lease Name \_\_\_\_\_ License No. \_\_\_\_\_

**FROM CONFIDENTIAL**

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, 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 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 7-2-97

Subscribed and sworn to before me this 2nd day of July, 1997.

Notary Public Julie K. Stout

Date Commission Expires July 23, 1997

|                          |                          |  |
|--------------------------|--------------------------|--|
| K.C.C. OFFICE USE ONLY   |                          |  |
| F                        | <input 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"/> SMD/Rep         |
| <input type="checkbox"/> | KGS                      | <input type="checkbox"/> Plug            |
| <input type="checkbox"/> |                          | <input type="checkbox"/> NGPA            |
| <input type="checkbox"/> |                          | <input type="checkbox"/> Other (Specify) |

JULIE K. STOUT  
Notary Public - State of Kansas  
My Appt. Expires 7-23-97

Operator Name Ritchie Exploration, Inc. Lease Name Suppes Well # 1

East

County Ness

Sec. 17 Twp. 16S Rge. 21

West

ORIGINAL

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.

|  |   |
|--|---|
| <p>Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>(Attach Additional Sheets.)</p> <p>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>(Submit Copy.)</p> <p>List All E.Logs Run:</p> | <p><input type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample</p> <p>Name <span style="float: right;">Top <span style="float: right;">Datum</span></span></p> |
|--|---|

| 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 |
| Perforate                           |                  |                |             |                            |
| Protect Casing                      |                  |                |             |                            |
| Plug Back TD                        |                  |                |             |                            |
| 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              | 8-27-91<br>4278-4281' Lower Cherokee Sand  | 4/97 1500 gals 7.5% Pentol acid w/25 - 3/8" Neoprene perf balls                      |
| 3              | 4229-4233' Upper Cherokee Sand   |  |

|  |                 |  |                    |  |
|--|-----------------|--|--------------------|--|
| TUBING RECORD  | Size<br>2 7/8"  | Set At<br>4298   | Packer At<br>none  | Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date of First, Resumed Production, SMD or Inj.<br>4-7-97 |                 | 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.<br>13 | Gas Mcf<br>0   | Water Bbls.<br>115 | Gas-Oil Ratio<br>  |

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: \_\_\_\_\_