

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

RECEIVED ORIGINAL

AUG 31 2010

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
Blanks must be Filled

8/30/12

OPERATOR: License # 4767
Name: Ritchie Exploration, Inc.
Address 1: P.O. Box 783188
Address 2: _____
City: Wichita State: KS Zip: 67278 + 3118
Contact Person: John Niernberger
Phone: (316) 691-9500
CONTRACTOR: License # _____
Name: _____
Wellsite Geologist: _____
Purchaser: NCRA

API No. 15 - 063-21791-00-001
Spot Description: 35'S & 35'W of NW SE SW
NW NW SE SW Sec. 29 Twp. 13 S. R. 31 East West
1,120 Feet from North / South Line of Section
1,450 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Gove
Lease Name: Hess 29C Well #: 1
Field Name: _____
Producing Formation: LKC/Myric/Johnson
Elevation: Ground: 2887 Kelly Bushing: 2897
Total Depth: 4610 Plug Back Total Depth: 4554
Amount of Surface Pipe Set and Cemented at: 224 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 2361 Feet
If Alternate II completion, cement circulated from: surface
feet depth to: 2361 w/ 315 sx cmt.

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SLOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:
Operator: Ritchie Exploration
Well Name: Hess 29C 1

Original Comp. Date: 7/26/09 Original Total Depth: 4610
 Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

6/18/10 6/25/10 6/25/10
Spud Date or Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan
(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: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

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 of 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.

AFFIDAVIT
I am the affiant and hereby certify that 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: _____
Title: Production Manager Date: 8/30/10

KCC Office Use ONLY
 Letter of Confidentiality Received
Date: 8/30/10 - 8/30/12
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: _____ Date: _____