

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

12/23/12

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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 **KCC**
CONTRACTOR: License # 30606 **DEC 23 2010**
Name: Murfin Drilling Company, Inc.
Wellsite Geologist: Ted Jochems **CONFIDENTIAL**
Purchaser: _____

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

If Workover/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
_____ Deepening _____ Re-perf. _____ Conv. to Enhr. _____ Conv. to SWD
_____ Plug Back: _____ Plug Back Total Depth
_____ Commingled _____ Docket No.: _____
_____ Dual Completion _____ Docket No.: _____
_____ Other (SWD or Enhr.?) _____ Docket No.: _____
9/2/10 9/11/10 9/11/10
Spud Date or _____ Date Reached TD _____ Completion Date or
Recompletion Date _____ Recompletion Date _____

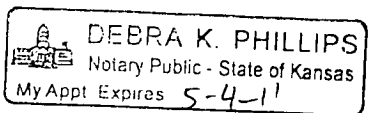
API No. 15 - 109-20940-0000
Spot Description: 15' S & 5' W of
E/2 E/2 NE Sec. 36 Twp. 13 S. R. 32 East West
1335 Feet from North / South Line of Section
335 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Logan
Lease Name: Nuss Farms 36A Well #: 1
Field Name: _____
Producing Formation: _____
Elevation: Ground: 2926 Kelly Bushing: 2936
Total Depth: 4650 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 221 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
(Data must be collected from the Reserve Pit)
Chloride content: 12100 ppm Fluid volume: 815 bbls
Dewatering method used: evaporation
Location of fluid disposal if hauled offsite:
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
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 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.

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: 12/23/10
Subscribed and sworn to before me this 23rd day of December,
20 10.
Notary Public: Debra K Phillips
Date Commission Expires: 5-4-11


DEBRA K. PHILLIPS
Notary Public - State of Kansas
My Appt Expires 5-4-11

KCC Office Use ONLY
 Letter of Confidentiality Received 12/23/10 - 12/23/12
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
_____ UIC Distribution
RECEIVED

DEC 27 2010
12-27-10
KCC WICHITA