

CONFIDENTIAL

ORIGINAL

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION**

8/11/13

Form ACO-1
June 2009

**Form Must Be Typed
Form must be Signed
All blanks must be Filled**

**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 + 3188
Contact Person: Peter Fiorini
Phone: (316) 691-9500
CONTRACTOR: License # 30606
Name: Murfin Drilling Co., Inc.
Wellsite Geologist: Tom Funk
Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD S1OW
- 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: _____
Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- 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 #: _____

4/28/11	5/6/11	5/6/11
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 063-21907-00-00
Spot Description: 165' N & 10' W
N/2_NW_SE Sec. 21 Twp. 12 S. R. 31 East West
2,475 Feet from North / South Line of Section
1,990 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Gove
Lease Name: W&E 21AD Unit Well #: 1
Field Name: _____
Producing Formation: _____
Elevation: Ground: 2888 Kelly Bushing: 2898
Total Depth: 4660 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 216 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: 10000 ppm Fluid volume: 865 bbls
Dewatering method used: evaporation

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: **CONFIDENTIAL**

Quarter _____ Sec. _____ Twp. 12 East West

County: _____ Permit #: _____

KCC

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 I 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: Development/Production Geologist Date: 8/10/11

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: 8/11/11 - 8/11/13 **RECEIVED**
- Confidential Release Date: _____
- Wireline Log Received **AUG 11 2011**
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: KCC WICHITA