

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

9/15/11

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: John Niernberger
Phone: (316) 691-9500

CONTRACTOR: License # _____
Name: _____
Wellsite Geologist: _____
Purchaser: _____

Designate Type of Completion: KCC WICHITA
____ New Well Re-Entry _____ Workover
 Oil _____ SWD _____ SIOW
____ 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: Ritchie Exploration, Inc.
Well Name: Buena Vista #1
Original Comp. Date: 03/16/2006 Original Total Depth: 4605
____ 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.: _____
07/21/2009 _____ 07/24/2009
Spud Date or _____ Date Reached TD _____ Completion Date or
Recompletion Date _____ Recompletion Date

API No. 15 - 171-20611-00-01
Spot Description: 130' S & 20' E
C E/2 W/2 _____ Sec. 1 Twp. 17 S. R. 31 East West
2510 _____ Feet from North / South Line of Section
2000 _____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Scott
Lease Name: Buena Vista Well #: 1
Field Name: Lasco
Producing Formation: LKC-C

Elevation: Ground: 2900' Kelly Bushing: 2910'
Total Depth: 4605' Plug Back Total Depth: 4582'
Amount of Surface Pipe Set and Cemented at: 236 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 2236 Feet
If Alternate II completion, cement circulated from: surface
feet depth to: 2236' w/ 300 sx cmt.

Drilling Fluid Management Plan RENJ10-0-09
(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 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: 08/07/2009
Subscribed and sworn to before me this 7th day of August,
20 09.
Notary Public: Ronda Messer
Date Commission Expires: 5/7/2012

KCC Office Use ONLY

Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution **RONDA MESSER**
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 5/7/12

Operator Name: Ritchie Exploration, Inc. Lease Name: Buena Vista Well #: 1
 Sec. 1 Twp. 17 S. R. 31 East West County: Scott

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

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

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| 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 <i>(Amount and Kind of Material Used)</i> | Depth |
|----------------|---|--|-------|
| 4 | 4196' - 4202' (LKC-J) (07/21/2009) | | |
| 4 | 3982' - 3990' (LKC-C) (07/21/2009) | 1250 gals 15% NE + 40 perf balls | |
| | *****Set packer @ 4148' to shut off LKC-J and Altamont B1 perms below***** | | |

| | | | |
|---|---------------------------|--|----------------------------|
| TUBING RECORD: Size: <u>2 7/8"</u> Set At: <u>4147'</u> Packer At: <u>4148'</u> | | Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Date of First, Resumed Production, SWD or Enhr. <u>07/24/2009</u> | | Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> | |
| Estimated Production Per 24 Hours | Oil Bbls. <u>82.00</u> | Gas Mcf | Water Bbls. <u>0.00</u> |
| | | Gas-Oil Ratio | Gravity |

| | | |
|---|---|--|
| DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i> | METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other <i>(Specify)</i> _____ | PRODUCTION INTERVAL: _____ _____ |
|---|---|--|

Sent to Dist. 1 8/13/09
L
M

APPOINTMENT FOR PHYSICAL TEST

NAME John Niernberger DATE August 7, 2009
TELEPHONE NO. 316/691-9500
OPERATOR Ritchie Exploration, Inc.
FIELD Lasco
PRODUCING FORMATION LKC-C LEASE Buena Vista WELL NO. 1
WELL LOCATION 130'S & 20'E C E/2 W/2 COUNTY Scott
2510 FT. FROM S LINE PURCHASER NCRA
2000 FT. FROM W LINE TOP PROD. FORMATION 3990'
SEC 1 TWP 17S RGE 31W TOTAL DEPTH 4605
PROD. PERFS 3982' - 3990' PBTD 4582
PROD. PERFS _____
PROD. PERFS _____
SIZE OF CASING 5-1/2" SET AT 4604'
SIZE OF TUBING 2 7/8" SET AT 4147'
SIZE OF PUMP 2 1/2" x 1 1/2" x 14' TYPE RWT - double valve
GRAVITY _____ PERCENT OF WATER _____
ACID DATE Jul-09 AMOUNT 1250 gallons
TEST DATE _____ HOW PRODUCED _____
OIL PRODUCED _____ LENGTH OF TEST _____
PREFERRED TESTING DATE Aug-09 TIME _____
PUMPER'S NAME Myron Popp TELEPHONE NO. 785-731-5011
TANK SIZE AND NO. _____ LENGTH OF STROKE _____ PER MINUTE _____
BEST WAY TO WELL Our field supervisor, Gary Rowe, will be contacting your for scheduling and
for directions to the well - 620-214-0330

NOTE: Please mail a copy of the test results to

Ritchie Exploration, Inc., P.O. Box 783188, Wichita, Kansas 67278-3188

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