

CONFIDENTIAL

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

ORIGINAL

3/21/14

Form ACO-1
June 2009

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

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 Niemberger
Phone: (316) 691-9500
CONTRACTOR: License # 5123
Name: Pickrell Drilling Co., Inc.
Wellsite Geologist: Adam Eldani
Purchaser: NCRA

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: _____
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 #: _____

11/28/11 12/7/11 12/7/11
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 135-25320-00-00
Spot Description: 90' S & 90' E
NW NW SW Sec. 7 Twp. 20 S. R. 21 ☐ East ☒ West
2,220 Feet from ☐ North / ☒ South Line of Section
420 Feet from ☐ East / ☒ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☐ SE ☒ SW
County: Ness
Lease Name: O'Brien B/P Twin Well #: 1
Field Name: _____
Producing Formation: Mississippian Osage
Elevation: Ground: 2209 Kelly Bushing: 2216
Total Depth: 4347 Plug Back Total Depth: 4347
Amount of Surface Pipe Set and Cemented at: 215 Feet
Multiple Stage Cementing Collar Used? ☒ Yes ☐ No
If yes, show depth set: 1397 Feet
If Alternate II completion, cement circulated from: surface
feet depth to: 1397 w/ 290 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 11900 ppm Fluid volume: 800 bbls
Dewatering method used: evaporation

Location of fluid disposal if hauled offsite:

Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West
County: CONFIDENTIAL Permit #: _____

MAR 21

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: Production Manager Date: 3/21/12

KCC Office Use ONLY

☒ Letter of Confidentiality Received

Date: 3/21/12 - 3/21/14

☐ Confidential Release Date: _____

☒ Wireline Log Received

☒ Geologist Report Received

☐ UIC Distribution

ALT ☐ I ☒ II ☐ III Approved by: _____

RECEIVED

MAR 22 2012

KCC WICHITA