

KCC OIL/GAS REGULATORY OFFICES

Date: 3-26-12

District: 1

Case #: _____

New Situation

Lease Inspection

Response to Request

Complaint

Follow-Up

Field Report

Operator License No: 4767

API Well Number: 15-203-20170-0000

Op Name: Ritchie Exploration, Inc

Spot: SW NW NE Sec 24 Twp 17 S Rng 35 E / W

Address 1: 8100 E 22nd St N #700

840 Feet from N / S Line of Section

Address 2: Box 1783188

2180 Feet from E / W Line of Section

City: Wichita

GPS: Lat: _____ Long: _____ Date: _____

State: Kansas Zip Code: 67278-

Lease Name: Simons 24A Well #: 1

Operator Phone #: 316 691-9500

County: Wichita

Reason for Investigation:

Alterrate II Cementing

Problem:

None

Persons Contacted:

?

Findings:

8 7/8" 245', 5 1/2" 4998 w/ 175sx. Part Collar 2403'. TD-5000'
Consolidated pumped 375sx 60/40 Pw 6% gell plus 275# hults
thru part collar. Circulated 25 sx to the pit.

Action/Recommendations:

Follow Up Required Yes No

Date: _____

Alterrate II Cementing Complete

Verification Sources:

| | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> RBDMS | <input type="checkbox"/> KGS | <input type="checkbox"/> TA Program |
| <input type="checkbox"/> T-I Database | <input type="checkbox"/> District Files | <input type="checkbox"/> Courthouse |
| <input type="checkbox"/> Other: <u>KCC DODGE CITY</u> | | |

Photos Taken: 0

By: Ken Schlick
[Signature]

Retain 1 Copy District Office
Send 1 Copy to Conservation Division

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KCC DODGE CITY

RECEIVED Form: _____

APR 02 2012

KCC WICHITA

[Signature]

Date: _____

District: _____

License #: _____

Op Name: _____

Spot: _____ Sec _____ Twp _____ S Rng _____ E W

County: _____

Lease Name: _____ Well #: _____

I.D. Sign Yes No

Tank Battery Condition
Condition: Good Questionable Overflowing

Pits, Injection Site
Fluid Depth: _____ ft; Approx. Size: _____ ft. x _____ ft.

Oil Spill Evidence

Abandoned Well Potential Pollution Problem Yes No

Lease Cleanliness

Very Good Satisfactory Poor Very Bad

Gas Venting Yes No

Pits
Fluid Depth: _____ ft; Approx. Size: _____ ft. x _____ ft.

Saltwater Pipelines
Leaks Visible: Y N Tested for Leaks: Y N

Flowing Holes

TA Wells

Monitoring Records

SWD/ER Injection Well Yes No

Permit #: _____ Pressure - Actual: _____ psi; Authorized: _____ psi

Permit #: _____ Pressure - Actual: _____ psi; Authorized: _____ psi

Permit #: _____ Pressure - Actual: _____ psi; Authorized: _____ psi

Permit #: _____ Pressure - Actual: _____ psi; Authorized: _____ psi

Gauge Connections Yes No

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

| API Number | Footages | Spot Location | GPS | Well # | Well Status |
|------------|----------|---------------|-----|--------|-------------|
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Send 1 Copy to Conservation Division

Form: _____