



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

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

OPERATOR: License # 4767
Name: Ritchie Exploration, Inc.
Address 1: 8100 E 22ND ST N # 700
Address 2: BOX 783188
City: WICHITA State: KS Zip: 67278 + 3188
Contact Person: John Niernberger
Phone: (316) 691-9500
CONTRACTOR: License # 30606
Name: Murfin Drilling Co., Inc.
Wellsite Geologist: Terry McLeod
Purchaser: NCRA

Designate Type of Completion:
[checked] New Well [] Re-Entry [] Workover
[checked] Oil [] WSW [] SWD [] SIOW
[] 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 #:

01/26/2012 02/06/2012 02/06/2012
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-063-21966-00-00
Spot Description: 5'N & 70'E of SWSESE
NE SW SE SE Sec. 30 Twp. 13 S. R. 31 [] East [checked] West
335 Feet from [] North / [checked] South Line of Section
920 Feet from [checked] East / [] West Line of Section
Footages Calculated from Nearest Outside Section Corner:
[] NE [] NW [checked] SE [] SW
County: Gove
Lease Name: Joseph Well #: 2
Field Name:
Producing Formation: LKC
Elevation: Ground: 2893 Kelly Bushing: 2903
Total Depth: 4660 Plug Back Total Depth: 4616
Amount of Surface Pipe Set and Cemented at: 222 Feet
Multiple Stage Cementing Collar Used? [checked] Yes [] No
If yes, show depth set: 2375 Feet
If Alternate II completion, cement circulated from: 0
feet depth to: 2375 w/ 220 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 11700 ppm Fluid volume: 900 bbls
Dewatering method used: Evaporated
Location of fluid disposal if hauled offsite:
Operator Name:
Lease Name: License #:
Quarter Sec. Twp. S. R. [] East [] West
County: Permit #:

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.

Submitted Electronically

KCC Office Use ONLY
[checked] Letter of Confidentiality Received Date: 05/10/2012
[] Confidential Release Date:
[checked] Wireline Log Received
[checked] Geologist Report Received
[] UIC Distribution
ALT [] I [checked] II [] III Approved by: NAOMI JAMES Date: 05/10/2012