

KCC OIL/GAS REGULATORY OFFICES

Date: 5-11-12

District: 1

Case #: _____

- New Situation
- Response to Request
- Follow-Up

- Lease Inspection
- Complaint
- Field Report

Operator License No: 4767

API Well Number: 15-203-20177-00-00

Op Name: Ritchie Exploration, Inc

Spot: SW SE Sec 14 Twp 17 S Rng 35 E / W

Address 1: P.O. Box 783188

350 Feet from N / S Line of Section

Address 2: _____

2030 Feet from E / W Line of Section

City: Wichita

GPS: Lat: _____ Long: _____ Date: _____

State: Kansas Zip Code: 67278-

Lease Name: Simon 14 CD Well #: 1

Operator Phone #: 316 691-9500

County: Wichita

Reason for Investigation:

Alternate II Cementing

Problem:

Persons Contacted:

Findings:

8 7/8 % 255 w/ 185sx ; 4 1/2 % 4997' w/ 250sx. Port collar % 2443'
Consolidated pumped 450sx 60/90 pre 6% gel w/ 300#
hulls scattered thruout the cement. Circulated 20sx
to the pit.

Action/Recommendations:

Follow Up Required Yes No

Date: _____

Alternate II Cementing Complete

Verification Sources:

- RBDMS
- T-I Database
- Other: _____
- KGS
- District Files
- TA Program
- Courthouse

Photos Taken: _____
By: Ken Schick
[Signature]

Retain 1 Copy District Office
Send 1 Copy to Conservation Division
MAY 18 2012

KCC DODGE CITY

RECEIVED
MAY 22 2012
KCC WICHITA

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

Gauge Connections Yes No

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

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

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

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

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

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

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

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

API Number	Footages	Spot Location	GPS	Well #	Well Status

Retain 1 Copy District Office
Send 1 Copy to Conservation Division

Form: _____