



CONFIDENTIAL

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: Ted Jochems
 Purchaser: NCRA

Designate Type of Completion:
 New Well Re-Entry Workover
 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 #: _____

<u>2/21/2012</u>	<u>03/05/2012</u>	<u>03/05/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-063-21971-00-00
 Spot Description: 20'N & 90'E of S2S2SE
S2 S2 SE Sec. 19 Twp. 13 S. R. 31 East West
350 Feet from North / South Line of Section
1230 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Gove
 Lease Name: Phillips 19D Well #: 3
 Field Name: _____
 Producing Formation: Johnson/Fort Scott/Myrick/Pawnee/Altamont
 Elevation: Ground: 2901 Kelly Bushing: 2911
 Total Depth: 4660 Plug Back Total Depth: 4619
 Amount of Surface Pipe Set and Cemented at: 214 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set: 2375 Feet
 If Alternate II completion, cement circulated from: 0
 feet depth to: 2375 w/ 330 sx cmt.

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content: 7000 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	
<input checked="" type="checkbox"/>	Letter of Confidentiality Received Date: <u>06/05/2012</u>
<input type="checkbox"/>	Confidential Release Date: _____
<input checked="" type="checkbox"/>	Wireline Log Received
<input checked="" type="checkbox"/>	Geologist Report Received
<input type="checkbox"/>	UIC Distribution
ALT <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>NAOMI JAMES</u> Date: <u>06/05/2012</u>