



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

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

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

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: Max Lovely Purchaser: Plains Marketing

Designate Type of Completion: [X] New Well [] Re-Entry [] Workover [X] 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 #:

03/12/2012 03/17/2012 03/17/2012 Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-203-20170-00-00 Spot Description: 150'N & 130'E of SWNWNE NE SW NW NE Sec. 24 Twp. 17 S. R. 35 [] East [X] West 840 Feet from [X] North [] South Line of Section 2180 Feet from [X] East [] West Line of Section

Footages Calculated from Nearest Outside Section Corner: [X] NE [] NW [] SE [] SW County: Wichita

Lease Name: Simons 24A Well #: 1 Field Name:

Producing Formation: Altamont Elevation: Ground: 3166 Kelly Bushing: 3177 Total Depth: 5000 Plug Back Total Depth: 4975 Amount of Surface Pipe Set and Cemented at: 245 Feet Multiple Stage Cementing Collar Used? [X] Yes [] No If yes, show depth set: 2404 Feet If Alternate II completion, cement circulated from: 0 feet depth to: 2404 w/ 375 sx crmt.

Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) Chloride content: 24000 ppm Fluid volume: 1500 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 [X] Letter of Confidentiality Received Date: 07/02/2012 [] Confidential Release Date: [X] Wireline Log Received [] Geologist Report Received [] UIC Distribution ALT [] I [X] II [] III Approved by: NAOMI JAMES Date: 07/03/2012