



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 # 5822
 Name: Val Energy, Inc.
 Wellsite Geologist: Terry McLeod
 Purchaser: _____

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 #: _____

03/28/2012	04/08/2012	04/08/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-171-20873-00-00
 Spot Description: 120'N & 40'W of NESW
SE NW NE SW Sec. 31 Twp. 17 S. R. 34 East West
2100 Feet from North / South Line of Section
1940 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Scott
 Lease Name: North Six Well #: 1
 Field Name: _____
 Producing Formation: none
 Elevation: Ground: 3156 Kelly Bushing: 3165
 Total Depth: 5040 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at: 245 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set: _____ Feet
 If Alternate II completion, cement circulated from: _____
 feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content: 18000 ppm Fluid volume: 1100 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

Letter of Confidentiality Received
 Date: 07/03/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
 ALT I II III Approved by: NAOMI JAMES Date: 07/05/2012