



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION WELL COMPLETION FORM

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

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 # 5929 Name: Duke Drilling Co., Inc. Wellsite Geologist: Mike Engelbrecht Purchaser: Parnon Gathering, Inc.

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 #:

05/26/2012 06/06/2012 06/28/2012 Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-057-20809-00-00 Spot Description: 30'N & 20'E OF N2S2 SW_NW_NW_SE Sec. 3 Twp. 25 S. R. 24 [] East [X] West 2010 Feet from [] North [X] South Line of Section 2620 Feet from [X] East [] West Line of Section Footages Calculated from Nearest Outside Section Corner: [] NE [] NW [X] SE [] SW County: Ford Lease Name: Smith-Rebein Unit Well #: 1 Field Name: Producing Formation: Mississippian Elevation: Ground: 2377 Kelly Bushing: 2388 Total Depth: 5460 Plug Back Total Depth: 4868 Amount of Surface Pipe Set and Cemented at: 350 Feet Multiple Stage Cementing Collar Used? [X] Yes [] No If yes, show depth set: 1452 Feet If Alternate II completion, cement circulated from: 1452 feet depth to: 0 w/ 280 sx cmt.

Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) Chloride content: 14800 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 [X] Letter of Confidentiality Received Date: 09/11/2012 [] Confidential Release Date: [X] Wireline Log Received [X] Geologist Report Received [] UIC Distribution ALT [] I [X] II [] III Approved by: NAOMI JAMES Date: 09/12/2012