



KANSAS CORPORATION COMMISSION 1098586
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

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

CONFIDENTIAL

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 # 32970
Name: H-D Oilfield Service, Inc.
Wellsite Geologist: Peter Fiorini
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: Ritchie Exploration, Inc.
Well Name: O'Brien B/P Twin #1
Original Comp. Date: 12/7/2011 Original Total Depth: 4347
 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 #:

08/20/2012	08/20/2012	08/24/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-135-25320-00-01
Spot Description: 90'S & 90'E of
SE NW NW SW Sec. 7 Twp. 20 S. R. 21 East West
2220 Feet from North / South Line of Section
420 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Ness
Lease Name: O'Brien B/P Twin Well #: 1
Field Name: Schaben
Producing Formation: Mississippian Osage
Elevation: Ground: 2208 Kelly Bushing: 2216
Total Depth: 4353 Plug Back Total Depth: 4353
Amount of Surface Pipe Set and Cemented at: 215 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 1397 Feet
If Alternate II completion, cement circulated from: 1397
feet depth to: 0 w/ 290 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: ppm Fluid volume: bbls
Dewatering method used:
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: 10/24/2012
 Confidential Release Date:
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NAOMI JAMES Date: 10/24/2012