



CONFIDENTIAL

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 Niernerger
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: Moore D/P #4 Twin
Original Comp. Date: 02/05/2012 Original Total Depth: 4418
 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>08/07/2012</u>	<u>08/07/2012</u>	<u>08/20/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-135-25329-00-01
Spot Description: 140'N & 90'E of W2SENW
SE NW SE NW Sec. 30 Twp. 19 S. R. 21 East West
1848 Feet from North / South Line of Section
1745 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Ness
Lease Name: Moore D/P Twin Well #: 4
Field Name: Schaben

Producing Formation: Mississippian Osage
Elevation: Ground: 2300 Kelly Bushing: 2307
Total Depth: 4430 Plug Back Total Depth: 4430
Amount of Surface Pipe Set and Cemented at: 228 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 1468 Feet
If Alternate II completion, cement circulated from: 1468
feet depth to: 0 w/ 220 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: 10/25/2012