



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 # 30606 Name: Murfin Drilling Co., Inc. Wellsite Geologist: Mike Engelbrecht Purchaser:

Designate Type of Completion: [X] New Well [] Re-Entry [] Workover [] Oil [] WSW [] SWD [] SIOW [] Gas [X] 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 #:

07/27/2012 08/05/2012 08/05/2012 Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-063-22024-00-00 Spot Description: 60'S & 185'E of NE SE SE SE Sec. 12 Twp. 13 S. R. 31 [] East [X] West 600 Feet from [] North [X] South Line of Section 145 Feet from [X] East [] West Line of Section

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

County: Gove Lease Name: Beougher-Ottley Well #: 1

Field Name: Producing Formation: none

Elevation: Ground: 2879 Kelly Bushing: 2889

Total Depth: 4700 Plug Back Total Depth:

Amount of Surface Pipe Set and Cemented at: 225 Feet

Multiple Stage Cementing Collar Used? [] Yes [X] 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: 3000 ppm Fluid volume: 1000 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: 11/13/2012 [] Confidential Release Date: [X] Wireline Log Received [X] Geologist Report Received [] UIC Distribution ALT [] I [X] II [] III Approved by: NAOMI JAMES Date: 11/14/2012