



KANSAS CORPORATION COMMISSION

1107840

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM**WELL HISTORY - DESCRIPTION OF WELL & LEASE**OPERATOR: License # 4767Name: Ritchie Exploration, Inc.Address 1: 8100 E 22ND ST N # 700Address 2: BOX 783188City: WICHITA State: KS Zip: 67278 + 3188Contact Person: John NiernbergerPhone: (316) 691-9500CONTRACTOR: License # 5929Name: Duke Drilling Co., Inc.Wellsite Geologist: Mac Armstrong

Purchaser: _____

Designate Type of Completion:

☒ New Well ☐ Re-Entry ☐ Workover☒ Oil ☐ WSW ☐ SWD ☐ SLOW☐ 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 #: _____09/19/2012 10/01/2012 10/01/2012Spud Date or
Recompletion Date Date Reached TD Completion Date or
Recompletion DateAPI No. 15 - 15-083-21846-00-00Spot Description: 115'N & 45'E ofNE SW NE SE Sec. 32 Twp. 24 S. R. 24 ☐ East ☒ West1765 Feet from ☐ North / ☒ South Line of Section945 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SWCounty: HodgemanLease Name: Rebein Well #: 1

Field Name: _____

Producing Formation: MississippianElevation: Ground: 2483 Kelly Bushing: 2495Total Depth: 5070 Plug Back Total Depth: 5023Amount of Surface Pipe Set and Cemented at: 356 FeetMultiple Stage Cementing Collar Used? ☒ Yes ☐ NoIf yes, show depth set: 1583 FeetIf Alternate II completion, cement circulated from: 0feet depth to: 1583 w/ 300 sx cmt.**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: 12800 ppm Fluid volume: 1100 bblsDewatering 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 ReceivedDate: 01/14/2013☐ Confidential Release Date: _____☒ Wireline Log Received☒ Geologist Report Received☐ UIC DistributionALT ☐ I ☒ II ☐ III Approved by: NAOMI JAMES Date: 01/14/2013