



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 # **34082**
 Name: **Alliance Well Service Inc.**
 Wellsite Geologist: **Peter Fiorini**
 Purchaser: **Plains**

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: **Ritchie Exploration, Inc.**
 Well Name: **Simons 14CD**
 Original Comp. Date: **06/22/2012** Original Total Depth: **5000**
 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 #: _____

12/10/2012	12/10/2012	12/14/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - **15-203-20177-00-01**
 Spot Description: **20'N & 50'W of S2SWSE**
NE SW SW SE Sec. **14** Twp. **17** S. R. **35** East West
350 Feet from North / South Line of Section
2030 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: **Wichita**
 Lease Name: **Simons 14CD** Well #: **1**
 Field Name: _____
 Producing Formation: **LKC & Altamont**
 Elevation: Ground: **3168** Kelly Bushing: **3177**
 Total Depth: **5000** Plug Back Total Depth: **4967**
 Amount of Surface Pipe Set and Cemented at: **255** Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set: **2443** Feet
 If Alternate II completion, cement circulated from: **2443**
 feet depth to: **0** w/ **450** 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: **01/18/2013**
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
 ALT I II III Approved by: **NAOMI JAMES** Date: **01/22/2013**