

CONFIDENTIAL
2-16-13

AMENDED

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION**

**WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # 4767
Name: Ritchie Exploration, Inc.
Address 1: P.O. Box 783188
Address 2: _____
City: Wichita State: KS Zip: 67278 + 3188
Contact Person: Peter Fiorini
Phone: (316) 691-9500
CONTRACTOR: License # _____
Name: _____
Wellsite Geologist: _____
Purchaser: _____
Designate Type of Completion:
 New Well _____ Re-Entry _____ Workover
_____ Oil SWD _____ SIOW
_____ Gas _____ ENHR _____ SIGW
_____ CM (Coal Bed Methane) _____ Temp. Abd.
_____ Dry _____ Other _____
(Core, WSW, Expl., Cathodic, 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
_____ Plug Back: _____ Plug Back Total Depth
_____ Commingled _____ Docket No.: _____
_____ Dual Completion _____ Docket No.: _____
_____ Other (SWD or Enhr.?) _____ Docket No.: _____
02/16/2011 10-18-10 2/16/2011 10-26-10 2/21/2011 10-27-10
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 063-21872-0000
Spot Description: 110' N & 5' W
SE NE NE Sec. 5 Twp. 14 S. R. 31 East West
880 Feet from North / South Line of Section
335 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Gove
Lease Name: Steckel 5A Well #: #1 SWD
Field Name: Gaeland Township
Producing Formation: _____
Elevation: Ground: 2922 Kelly Bushing: 2932
Total Depth: 4690 Plug Back Total Depth: 2373
Amount of Surface Pipe Set and Cemented at: 223 Feet
Multiple Stage Cementing Collar Used? Yes 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: 14000 ppm Fluid volume: 880 bbls
Dewatering method used: evaporation
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.
Signature: _____
Title: Production Manager Date: 9/21/2011
Subscribed and sworn to before me this _____ day of _____
20 _____
Notary Public: _____
Date Commission Expires: _____

KCC Office Use ONLY
 Letter of Confidentiality Received 9/21/11 - 9/21/13
 If Denied, Yes Date: _____
 Wireline Log Received
_____ Geologist Report Received
_____ UIC Distribution

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SEP 22 2011

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Operator Name: Ritchie Exploration, Inc. Lease Name: Steckel 5A Well #: #1 SWD
 Sec. 5 Twp. 14 S. R. 31 East West County: Gove

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Gamma Ray Correlation Log	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample Name Top Datum Anhydrite 2414' +518
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	12 1/4	8 5/8	23#	223'	common	175	3%cc, 2% gel
Production	7 7/8	4 1/2	10.5#	2421'	60/40 pozmix & common	400 & 150	6% gel & 1/4% floccula (poz)

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
	2126' - 2156' (Cedar Hills)		
	2057' - 2087' (Cedar Hills)		

TUBING RECORD: Size: <u>2 3/8</u> Set At: <u>2019'</u> Packer At: <u>2020'</u>		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production (SWD) or Enhr. <u>09/15/2011</u>		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain)	
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls. Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

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September 21, 2011

Kansas Corporation Commission
Conservation Division
130 S. Market, Room 2078
Wichita, KS 67202

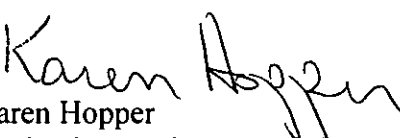
RE: #1 SWD Steckel 5A
D-30,730
Approx. SE NE NE
Sec. 5-14S-31W
Gove County, Kansas

To Whom It May Concern:

Enclosed please find an ACO-1 for the above referenced well. The required attachments have also been enclosed. Ritchie Exploration, Inc. would like for this to be held confidential for the maximum allowable time.

If you have any questions, please feel free to call the undersigned or Peter Fiorini at 316-691-9500. Thank you for all of your help in this matter.

Sincerely,


Karen Hopper
Production Assistant

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Enclosures