

KCC OIL/GAS REGULATORY OFFICES

Date: 05/17/13

District: 1

Case #: _____

New Situation
 Response to Request
 Follow-Up

Lease Inspection
 Complaint
 Field Report

Operator License No: 4767

API Well Number: 15-057-20887-00-00

Op Name: Ritchie Exploration, Inc.

Spot: N/2-N/2-N/2 Sec 8 Twp 26 S Rng 22 E / W

Address 1: Box 783188

335 Feet from N / S Line of Section

Address 2: _____

2510 Feet from E / W Line of Section

City: Wichita

GPS: Lat: 37.80594 Long: 99.75050 Date: 5/17/13

State: KS Zip Code: 67278 -3188

Lease Name: Imel 8AD-Nau Well #: 1

Operator Phone #: (316) 691-9500

County: Ford

Reason for Investigation:

Company requested a state witness to the alternate II cementing job.

Problem:

Alternate II cementing requirements have not been met.

Persons Contacted:

None.

Findings:

8 5/8" was set @ 358' with 220 sx cement. 4 1/2" was set @ 5001' with 200 sx cement on the primary cementing job. Company opened the port collar @ 1465'. Consolidated Oil Well Services, L.L.C. pumped 285 sx cement, circulating 15 sx to the pit. Closed port collar.

Action/Recommendations:

Follow Up Required Yes No

Date: _____

None. Alternate II cementing requirements have been met.

60/40 poz, 6% gel, 1/4# floseal with 200# hulls by Consolidated Oil Well Services, L.L.C.

GPS converted footages are 342' FNL & 2506' FEL.

Verification Sources:

Photos Taken: 0

RBDMS KGS TA Program
 T-I Database District Files Courthouse
 Other: On-site witness.

By: *Eric MaClaren*
Eric MaClaren

Retain 1 Copy District Office
Send 1 Copy to Conservation Division

RECEIVED
MAY 20 2013
KCC DODGE CITY

KCC WICHITA Form: _____

MAY 22 2013

RECEIVED

RMK

Date: 05/17/13

District: 1

License #: 4767

Op Name: 4767

Spot: N/2-N/2-N/2 Sec 8 Twp 26 S Rng 22 E W

County: Ford

Lease Name: Imel 8AD-Nau Well #: 1

I.D. Sign Yes No

Tank Battery Condition
Condition: Good Questionable Overflowing

Pits, Injection Site
Fluid Depth: _____ ft; Approx. Size: _____ ft. x _____ ft.

Oil Spill Evidence

Abandoned Well Potential Pollution Problem Yes No

Lease Cleanliness
 Very Good Satisfactory Poor Very Bad

Gas Venting Yes No

Pits
Fluid Depth: _____ ft; Approx. Size: _____ ft. x _____ ft.

Saltwater Pipelines
Leaks Visible: Y N Tested for Leaks: Y N

Flowing Holes

TA Wells

Monitoring Records

SWD/ER Injection Well Yes No Ford

Permit #: _____ Pressure – Actual: _____ psi; Authorized: _____ psi

Permit #: _____ Pressure – Actual: _____ psi; Authorized: _____ psi

Permit #: _____ Pressure – Actual: _____ psi; Authorized: _____ psi

Permit #: _____ Pressure – Actual: _____ psi; Authorized: _____ psi

Gauge Connections Yes No

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

API Number	Footages	Spot Location	GPS	Well #	Well Status

Retain 1 Copy District Office
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Form: _____