

FORM MUST BE TYPED

SIDE ONE

15-185-10758 ORIGINAL

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 4767

Name: Ritchie Exploration, Inc.

Address 125 N. Market, Suite 1000

City/State/Zip Wichita, KS 67202

Purchaser: Texaco

Operator Contact Person: Lisa Thimmesch

Phone (316) 267-4375

KCC

Contractor: Name: _____

AUG 25

License: _____

CONFIDENTIAL

Wellsite Geologist: _____

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-Entry: old well info as follows:

Operator: Alpine

Well Name: Morrison #5

Comp. Date 5-6-59 Old Total Depth 3534'

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PSTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

5-5-93 5-10-93
Spud Date Date Reached TD Completion Date

API NO. 15- drilled 5-6-59

County Stafford

SW-NE-SW Sec. 1 Twp. 21 Rge. 14W

1650 Feet from S/N (circle one) Line of Section

3630 Feet from E/W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Lease Name Morrison "P" Well # 5

Field Name Taylor NE

Producing Formation Arbuckle, L/KC

Elevation: Ground 1920 KB KB _____

Total Depth 3634' PBDT na

Amount of Surface Pipe Set and Cemented at _____ Feet

Multiple Stage Cementing Collar Used? Yes _____ No _____

If yes, show depth set _____ Feet

If Alternate II completion, cement circulation _____

feet depth to _____ w/ _____

Drilling Fluid Management Plan
(Data must be collected from the Reservoir)

Chloride content _____ ppm volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

Quarter SE Twp. 21 Rge. 14W

County _____ Docket No. _____

RECEIVED
KANSAS CORPORATION COMMISSION
AUG 25 1993
WICHITA, KS
PLEASE KEEP THIS INFORMATION CONFIDENTIAL
RELEASED
SEP 6 1994

FROM CONFIDENTIAL

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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 on 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 [Signature]

Title President Date 8-25-93

Subscribed and sworn to before me this 25th day of August, 19 93.

Notary Public [Signature]

Date Commission Expires _____



K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received

Distribution
 KCC SWD/Rep NGPA
 XGS Plug Other (Specify)

91

Operator Name Ritchie Exploration, Inc. Lease Name Morrison "P" Well # 5

Sec. 1 Twp. 21 Rgs. 14W East West
 County Stafford

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			

List All E.Logs Run:

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

ADDITIONAL CEMENTING/SQUEEZE RECORD					
Purpose:	Depth		Type of Cement	#Sacks Used	Type and Percent Additives
	Top	Bottom			
<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	Acid, Fracture, Shot, Cement Squeeze Record
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used) Depth
	Knocked out CIBPs at 3540' & 3534'	

PLEASE KEEP THIS INFORMATION CONFIDENTIAL

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 3/8"	3397'	NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SVD or Inj.	Producing Method
5-10-93	<input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	3.92	0	89.75		

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify)

Production Interval: _____

15.185.10758.0001

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License: **CONFIDENTIAL**
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(Data must be collected from the Reservoir)
Chloride content _____ ppm volume _____ bbls
Dewatering method used _____
Location of fluid disposal if hauled by site: _____
Operator Name _____
Lease Name _____ License No. _____
Quarter Se Twp. _____ S Rng. _____ E/W
County _____ Docket No. _____

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Signature [Signature]
Title President Date 8-25-93

Subscribed and sworn to before me this 25th day of August
19 93.

Notary Public [Signature]
Date Commission Expires _____
LISA THIMMESCH
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 8-24-95

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SWD/Rep NEPA
 KGS Plug Other
(Specify)