



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Confidentiality Requested:
 Yes No

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- 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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

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 circulated from: _____

feet depth to: _____ w/ _____ 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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

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				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
 Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift 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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Ritchie Exploration, Inc.
Well Name	Montgomery 3 Twin
Doc ID	1247127

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	3699-3702		
4	3676-3678		
4	3662-3664		
4	3641-3643		
4	3580.5-3582.5		
4	3559.5-3561.5		
4	3544-3547		

Summary of Changes

Lease Name and Number: Montgomery 3 Twin

API/Permit #: 15-065-24084-00-00

Doc ID: 1247127

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	02/24/2015	03/24/2015
Date of First or Resumed Production or SWD or Enhr Save Link	01/16/2014 ../..kcc/detail/operatorEditDetail.cfm?docID=1243613	01/16/2015 ../..kcc/detail/operatorEditDetail.cfm?docID=1247127



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1243613
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

CONFIDENTIAL WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- 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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

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 circulated from: _____

feet depth to: _____ w/ _____ 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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

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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Ritchie Exploration, Inc.
Well Name	Montgomery 3 Twin
Doc ID	1243613

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	3699-3702		
4	3676-3678		
4	3662-3664		
4	3641-3643		
4	3580.5-3582.5		
4	3559.5-3561.5		
4	3544-3547		



#3 Twin Montgomery

405' FSL & 960' FWL

75' N & 30' W of SE SW SW Section 5-8S-23W

Graham County, Kansas

API# 15-065-24084-0000

Elevation: GL: 2257', KB: 2262'

Sample Tops			Ref. Well
Anhydrite	1903'	+359	+5
B/Anhydrite	1935'	+327	+5
Topeka	3264'	-1002	+5
Heebner	3476'	-1214	+3
Toronto	3500'	-1238	+2
Lansing	3516'	-1254	+3
Muncie Shale	3625'	-1363	+4
BKC	3722'	-1460	+3
RTD	3782'	-1520	

GLOBAL CEMENTING, L.L.C.

1516

REMIT TO 18048 170RD
RUSSELL, KS 67665

SERVICE POINT: Russell KS

DATE <u>11-17-14</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Montgomery</u>	WELL # <u>3</u>			LOCATION		COUNTY <u>Graham Co</u>	STATE <u>KS</u>
JOB FINISH							<u>12:45 AM</u>
OLD OR NEW (CIRCLE ONE)							

CONTRACTOR <u>W.W. Dilling Rig #14</u>	OWNER
TYPE OF JOB <u>Slick</u>	CEMENT
HOLE SIZE <u>18 3/4</u>	AMOUNT ORDERED <u>150 yds 3/6 CC 2 1/4</u>
CASING SIZE <u>5 7/8</u>	
TUBING SIZE	
DRILL PIPE	
TOOL	
PRES. MAX	
MEAS. LINE	
CEMENT LEFT IN CSG.	
PERFS	
DISPLACEMENT	

COMMON	@	
POZMIX	@	
GEL	@	
CHLORIDE	@	
ASC	@	
	@	
	@	
	@	
	@	
	@	
	@	
HANDLING	@	
MILEAGE		
	TOTAL	

EQUIPMENT	
PUMP TRUCK	CEMENTER <u>Cody</u>
# <u>14</u>	HELPER <u>Brad</u>
BULK TRUCK	
# <u>14</u>	DRIVER <u>Dixon</u>
BULK TRUCK	
#	DRIVER

REMARKS:

Run's joints of 5' long using heading joint EST
Customer thoked pump! Master Control Disposed
12.5 Mils #200 Encased Cement Shuts in 2000'

CHARGE TO: Ritchie EXP
STREET _____
CITY _____ STATE _____ ZIP _____

SERVICE	
DEPTH OF JOB	
PUMP TRUCK CHARGE	
EXTRA FOOTAGE	@
MILEAGE <u>2472</u>	@
MANIFOLD	@
	@
	@
	TOTAL

PLUG & FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	
	TOTAL	

Global Cementing, L.L.C.,
You are hereby requested to rent cementing equipment and furnish cement and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Walter Brown
SIGNATURE Walter Brown

SALES TAX (If Any) _____
TOTAL CHARGES _____
DISCOUNT _____ IF PAID IN 30 DAYS

ALLIED OIL & GAS SERVICES, LLC 064322

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT: Dallas, KS

DATE <u>11-22-14</u>	SEC. <u>5</u>	TWP. <u>8s</u>	RANGE <u>23w</u>	CALLED OUT	ON LOCATION <u>10:00pm</u>	JOB START <u>2:00am</u>	JOB FINISH <u>2:30am</u>
LEASE <u>Twin Mont gomery</u>	WELL # <u>3</u>	LOCATION <u>Hill City 3w 1N</u>		COUNTY <u>Graham</u>	STATE <u>KS</u>		
OLD OR NEW (Circle one) <u>NEW</u>				<u>3/4 W N info</u>			

CONTRACTOR <u>WW4</u>	OWNER <u>Same</u>
TYPE OF JOB <u>Production (long string)</u>	
HOLE SIZE <u>7 7/8</u> T.D. <u>3778'</u>	CEMENT
CASING SIZE <u>5 1/2 (15.5")</u> DEPTH <u>3778'</u>	AMOUNT ORDERED <u>180 sks ASC</u>
TUBING SIZE _____ DEPTH _____	<u>10% salt 5" gilsonite 2% gel, 25</u>
DRILL PIPE _____ DEPTH _____	<u>of 1% cd-31, 500 gal mud clean</u>
TOOL Part collar _____ DEPTH _____	COMMON _____ @ _____
PRES. MAX _____ MINIMUM _____	POZMIX _____ @ _____
MEAS. LINE _____ SHOE JOINT <u>21.0'</u>	GEL _____ @ _____
CEMENT LEFT IN CSG. <u>21'</u>	CHLORIDE _____ @ _____
PERFS. _____	ASC <u>180 sks @ 23.50 4230.00</u>
DISPLACEMENT <u>89.42 bbl H₂O</u>	<u>gilsonite 960 # @ .98 940.80</u>
EQUIPMENT _____	<u>cd-31 42 # @ 7.73 324.66</u>
	<u>mud clean 12 bbl @ 41.07 492.84</u>
	Material total @ _____ <u>7987.50</u>
	(1185.90/20%) @ _____
	HANDLING <u>231.38 @ 2.48 573.82</u>
	MILEAGE <u>10.08 tons x 70mi x 2.75 1940.40</u>
	TOTAL _____

REMARKS:
Run pipe / Float equip / Drop ball,
pumped ball through shoe @ 500'
mix 30 sks in R.H., mix 500
gal water, mix 180 sks ASC
wash up to get / release plug,
Displace w/ water, plug did land
@ 1400' w/ 1900' 1st, Float
did hold
Thank you!

CHARGE TO: Ritchie Exploration
STREET _____
CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB _____	<u>3778'</u>
PUMP TRUCK CHARGE _____	<u>2165.75</u>
EXTRA FOOTAGE _____ @ _____	
MILEAGE <u>MLV 70 @ 7.70</u>	<u>539.00</u>
MANIFOLD <u>Head 70 @ 275.00</u>	<u>19250.00</u>
<u>MLV 70 @ 4.40</u>	<u>308.00</u>
TOTAL	<u>(1280.39/20%) 6400.97</u>

To: Allied Oil & Gas Services, LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PLUG & FLOAT EQUIPMENT

<u>5 1/2 Weather Ford / Industrial Rubber</u>	
(w) AFO Float shoe @ _____	<u>545.00</u>
(w) Catchdown plug Assy @ _____	<u>660.00</u>
(w) Centralizers 6 @ _____	<u>57.00 342.00</u>
(w) Baskets 3 @ _____	<u>395.00 1185.00</u>
(F) Part Collar @ _____	<u>3570.00</u>
TOTAL	<u>6322.00</u>

PRINTED NAME _____
SIGNATURE [Signature]

SALES TAX (If Any) _____
TOTAL CHARGES 18165.347
DISCOUNT 2466.29 (30%) IF PAID IN 30 DAYS
16,187.17 Net

ALLIED OIL & GAS SERVICES, LLC 064771

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT: Dalton

DATE <u>11-26-14</u>	SEC. <u>5</u>	TWP. <u>8S</u>	RANGE <u>23W</u>	CALLED OUT	ON LOCATION <u>11:00AM</u>	JOB START <u>12:00</u>	JOB FINISH <u>1:00pm</u>
Terms most favorable LEASE				WELL # <u>3</u>	LOCATION <u>Hill city 3rd in 24w</u>	COUNTY <u>Wichita</u>	STATE <u>KS</u>
OLD OR <input checked="" type="checkbox"/> NEW (Circle one)				Min to			

CONTRACTOR <u>mwfir</u> TYPE OF JOB <u>Port caller</u> HOLE SIZE _____ T.D. _____ CASING SIZE <u>5 1/2</u> DEPTH _____ TUBING SIZE <u>2 7/8</u> DEPTH <u>1900'</u> DRILL PIPE _____ DEPTH _____ TOOL _____ DEPTH _____ PRES. MAX _____ MINIMUM _____ MEAS. LINE _____ SHOE JOINT _____ CEMENT LEFT IN CSG. _____ PERFS. _____ DISPLACEMENT <u>10 BBL</u> EQUIPMENT _____ PUMP TRUCK # <u>431</u> CEMENTER <u>Andrea Feofund</u> HELPER <u>Brandon Wilkinson</u> BULK TRUCK # <u>818</u> DRIVER <u>kiko (two)</u> BULK TRUCK # _____ DRIVER _____	OWNER <u>same</u> CEMENT AMOUNT ORDERED <u>400 sks 60/40 6 bagel</u> <u>1/4 Flo-seal 300# Huls inside</u> <u>45 sks 300 sks cement 200# Huls</u> COMMON <u>180 sks @ 12.90 3,222.00</u> POZ MIX <u>120 P02 @ 9.35 1,122.00</u> GEL <u>1578 @ .50 774.00</u> CHLORIDE _____ @ _____ ASC _____ @ _____ Flo-seal <u>75# @ 2.97 222.75</u> Huls <u>200# @ .99 198.00</u> Manifold <u>1107.25 / 210 @ 5,230.25</u> HANDLING <u>499 skt @ 2.48 1135.2</u> MILEAGE <u>215 to site, 1848 ret. 3557.40</u> TOTAL _____
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REMARKS:
Pressure system to 1200', open
Port caller. m Circulate cement
to surface with 300 sks cement
200# Huls. Displace 10 BBL Run
10 joints Reverse Clean with
40 BBL water

Thank you

CHARGE TO: Ritchie Exploration
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE	
DEPTH OF JOB <u>1900'</u>	
PUMP TRUCK CHARGE	<u>2849.84</u>
EXTRA FOOTAGE _____ @ _____	
MILEAGE <u>20 miles @ 2.70</u>	<u>539.00</u>
MANIFOLD _____ @ _____	
<u>Light vehicle @ 4.00</u>	<u>305.00</u>
	<u>(1533.55 / 200)</u>
	TOTAL 2767.26

PLUG & FLOAT EQUIPMENT	
_____ @ _____	
_____ @ _____	
_____ @ _____	
_____ @ _____	
_____ @ _____	
	TOTAL _____

To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner, agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Dalton Breimig
 SIGNATURE [Signature]

SALES TAX (If Any) _____
 TOTAL CHARGES 13,306.57
 DISCOUNT 2,661.30 (20%) IF PAID IN 30 DAYS
10,645.20 Net

RITCHEE EXPLORATION, INC.

BLDG 700
8100 E. 22nd ST. NORTH
WICHITA, KANSAS
(67278)

GEOLOGIST'S REPORT
DRILLING TIME AND SAMPLE LOG

OPERATOR **RITCHEE EXPLORATION, INC.**
LEASE **MONTGOMERY #3 TWIN**
FIELD _____
LOCATION **40S FSL 940' F.W.L.**
SEC. **5** TWP. **8 S** RANG. **23 W**
COUNTY **SENNARUM** STATE **KANSAS**

CONTRACTOR **W.M. NEAL** RIG # **4**
COM. **1-17-74** COMP. **11.5-14**
RTD **3782** LOG TO **3782**
SAMPLES SAVED FROM **3250 TO RTD**

DRILLING TIME KEPT FROM **3250 TO RTD**
SAMPLES EXAMINED FROM **3250 TO RTD**
GEOLOGICAL SUPERVISION FROM **3250 TO RTD**
MUD UP **SILS** TYPE MUD **CHEMICAL**
WELL SITE GEOLOGIST **PETER J. HEBNER**

FORMATION LOG
TOP _____ DATE _____
SAMPLE _____ STRUCTURE _____
DATALOG TOP _____ DATUM COMP. _____

ANHYDRITE 1872 +340 1625 +359 +6
BASE/ANHYDRITE 1934 +528 1935 +329 +6
LOPEKA 3264 -002 3264 -002 +5
HEEBNER 3476 -1214 3476 -1214 +3
TORONTO 3500 -1238 3500 -1238 +2
LANING 3515 -1253 3515 -1254 +4
MUNICE 3625 -1363 3625 -1363 +2
Base/Lansing 3723 -1461 3722 -1460 +1
TOTAL DEPTH 3782 -1540 3782 -1540

ELEVATIONS
KB **2262**
DF _____
GL **2257**
MEASUREMENTS ARE ALL FROM **KB**

CASING RECORD
SURFACE **8 3/8 @ 21'**
W/LOG SK _____
PRODUCTION SK **15 S @ 318 W/LOG SK PL 6100**

ELECTRICAL SURVEYS
Nasco's
Radiation Guide Log

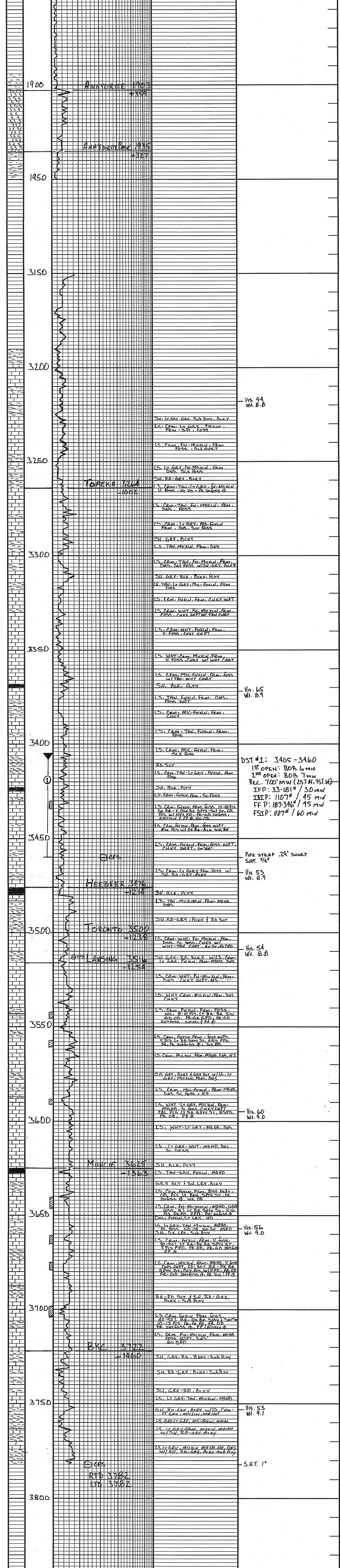
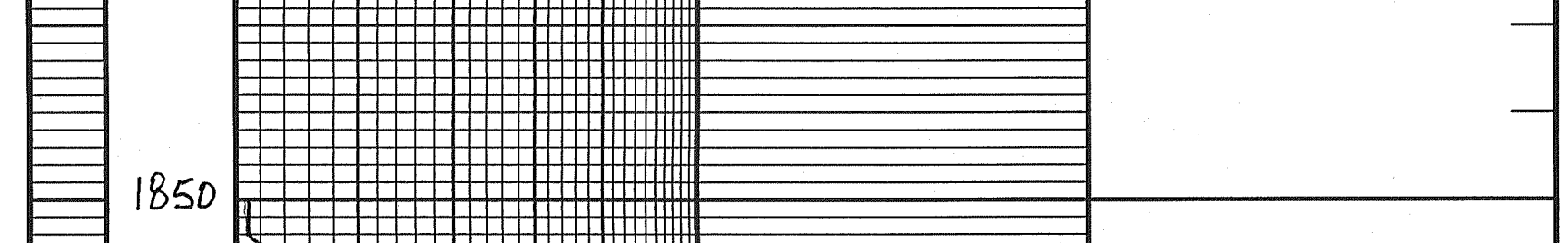
DATE	DEPTH	NO.	SIZE	MARK	TYPE	DEPTH OUT	FEET	HOURS

NO.	INTERVAL	FFP/TIM	ISP/TIM	FFP/TIM	ISP/TIM	INH - FWH	RECOVERY
1	3405-3460	33-181	1107	187-346	1107	1638-1608	700' M.W. (25' M.TS. W)
	3460-30	30	45	45	60		

Remarks & Recommendations _____
API # **15-065-14984**

REFERENCE WELL FOR STRUCTURAL COMPARISON **RENEE EXPLORATION, WIC**
SE **S.W. 34** S. **8 S.** **23 W.**

LEGEND



COMPANY **RITCHEE EXPLORATION, INC.** ELEVATION: **2262' KB**
LEASE **MONTGOMERY #3 TWIN**
LOCATION **40S FSL 940' W/SEC. 5 TWP. 8 S. RGE. 23 W**
COUNTY **SENNARUM** STATE **KANSAS**