



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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Summary of Changes

Lease Name and Number: Baker 31C 1

API/Permit #: 15-109-21372-00-00

Doc ID: 1257374

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	03/10/2015	07/10/2015
Date of First or Resumed Production or SWD or Enhr Liner Run?		6/19/2015
Method Of Completion - Perf	No	Yes
Perf_Material_1		500 Gal 15% MCA, 2000 Gal 20% gelled acid
Perf_Material_2		500 Gal 15% NE, Sqz 150 sx common 8% salt & 1/4% CDI-26
Perf_Record_1		4457-4461, 4448-4452
Perf_Record_2		4122-4130
Perf_Record_4	*****Waiting on completion*****	
Perf_Shots_1		4

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Perf_Shots_2		4
Plug Back Total Depth		4741
Producing Formation	N/A	Fort Scott
Producing Method Pumping	No	Yes
Production - Barrels Oil		0.83
Production - Barrels of Water		0.05
Production - Oil Gravity		38
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1243649	../../../../kcc/detail/operatorEditDetail.cfm?docID=1257374
Tubing Set At		4712
Tubing Size		2.375



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1243649
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 #: _____
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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)</i> <i>(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	Baker 31C 1
Doc ID	1243649

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
	*****Waiting on completion*****		



#1 Baker 31C

800' FSL & 1890' FWL

140' N & 90' W of E/2 SE SW Section 31-15S-34W

Logan County, Kansas

API# 15-109-21372-0000

Elevation: 3044' GL, 3049' KB

Sample Tops			Ref. Well
Anhydrite	2367'	+682	-6
B/Anhydrite	2385'	+664	-4
Stotler	3490'	-441	flat
Heebner	3855'	-806	-4
Toronto	3870'	-821	-3
Lansing	3902'	-853	-3
Muncie Shale	4070'	-1021	+1
Stark	4164'	-1115	+3
Hush	4211'	-1162	+3
BKC	4259'	-1210	-4
Marmaton	4281'	-1232	-1
Altamont	4314'	-1265	Flat
Pawnee	4392'	-1343	-3
Myrick	4432'	-1383	-1
Fort Scott	4446'	-1397	Flat
Cherokee Shale	4472'	-1423	+6
Johnson	4554'	-1505	Flat
Morrow Shale	4608'	-1559	-2
Mississippian	4645'	-1596	-8
RTD	4784'	-1735	

ALLIED OIL & GAS SERVICES, LLC 064355

Federal Tax I.D. # 20-8651475

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

SERVICE POINT: Oakley, TX

DATE <u>11-17-14</u>	SEC. <u>31</u>	TWP. <u>15</u>	RANGE <u>34</u>	CALLED OUT	ON LOCATION <u>7:00 pm</u>	JOB START <u>7:30 pm</u>	JOB FINISH <u>10:00 pm</u>
LEASE <u>Baker</u>	WELL # <u>31C #1</u>	LOCATION <u>Pance 3W, 34N, WTS</u>		COUNTY <u>Logan</u>	STATE <u>KS</u>		
OLD OR <u>NEW</u> (Circle one)				<u>info</u>			

CONTRACTOR WJW 2

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 218'

CASING SIZE 8 7/8 DEPTH 217.48'

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 151

PERFS.

DISPLACEMENT 12.96 bbl

OWNER same

CEMENT AMOUNT ORDERED 170 SKS com 32.00

299 gal

EQUIPMENT

PUMP TRUCK # 423/281 CEMENTER LaRance E. Grant

BULK TRUCK # 818/287 HELPER Wayne McGaghy

BULK TRUCK # 818/287 DRIVER George Grant

BULK TRUCK # 818/287 DRIVER

COMMON	<u>170 SK @ 17.20</u>	<u>2943.00</u>
POZMIX	<u>320 @ .50</u>	<u>160.00</u>
GEL	<u>480 @ 1.10</u>	<u>528.00</u>
CHLORIDE		
ASC		
Material Total		<u>3731.00</u>
(<u>116.00 / 20%</u>)		
HANDLING	<u>183.84 @ 2.48</u>	<u>455.92</u>
MILEAGE	<u>8.39 hr x 50 x 2.75</u>	<u>1153.63</u>

REMARKS:

MIX 170 SKS cement

Displace with water

Cement did circulate

Thank you

TOTAL _____

SERVICE

DEPTH OF JOB 212.48'

PUMP TRUCK CHARGE 1512.25

EXTRA FOOTAGE @ _____

MILEAGE MFHV 50 @ 7.70 385.00

MANIFOLD Swage @ _____ 225.00

MDLV 50 @ 4.40 220.00

CHARGE TO: Ritchie

STREET _____

CITY _____ STATE _____ ZIP _____

(800.36 / 20%) TOTAL 4,001.80

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

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

PRINTED NAME Lannie Lang

SIGNATURE Lannie Lang

SALES TAX (If Any) _____

TOTAL CHARGES 7,732.80

DISCOUNT 1,546.56 (20%) IF PAID IN 30 DAYS

6,186.24 Net.



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

1113
1240
1258
INVOICE # 802307

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 47912
LOCATION Oakley KS
FOREMAN Dane Retzlaff

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/29/14	7173	Baker 13-1C	31	1	34	Scott
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			397	Mike		
CITY			397	Larry		
STATE						
ZIP CODE						

JOB TYPE Production HOLE SIZE 7 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2 10.50
 CASING DEPTH 4747 DRILL PIPE _____ TUBING _____ OTHER PC at 2367
 SLURRY WEIGHT 14.2 SLURRY VOL 1.56 WATER gals/sk 6.97 CEMENT LEFT In CASING 21
 DISPLACEMENT 75.46 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting. Rig up. Run float. Cents on 3, 9, 10, 22, 58, 60. Baskets on 15, 54, 77, 77. Circulate on bottom 45 min. mix mudflush. Plug mt & RH. mix 225 sks. Owc. Shut down. Release plug. Displace 75 Bbls of water. Final lift was 1500 psi. Plug landed at 1500 psi. ~~Leak shut in Rig down~~

Thanks Dane & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401c	1	PUMP CHARGE	3175.00	3175.00
5406	45	MILEAGE	5.25	236.25
5407	12.9	Ten Mileage Delivery	1.75	1615.87
1126	275 sks	Owc. Cement	23.70	6517.50
1110n	1375	Kal Seal	.54	742.50
1144a	500 gal	Mudflush	1.00	500.00
4104	3	4 1/2 Basket	275.00	825.00
4129	27	4 1/2 Centralizers	48.50	1309.50
4161	1	4 1/2 BFO Float shoe	359.25	359.25
4453	1	4 1/2 Latchdown Plug Assembly	465.00	465.00
4284	1	4 1/2 Port Collar	1984.50	1984.50
			Sub	16187.87
			10% P/P	1618.79
			Total	14567.00
			SALES TAX	862.65
			ESTIMATED TOTAL	15431.74

AUTHORIZATION [Signature] TITLE _____ DATE 11-29-14

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

