

**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

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 DistributionALT 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 |
|--|---|

| 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: <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> <input type="checkbox"/> Other <i>(Specify)</i> _____ | PRODUCTION INTERVAL: _____ _____ |
|--|---|---|

Summary of Changes

Lease Name and Number: Hammeke 13C 1

API/Permit #: 15-101-22470-00-00

Doc ID: 1197853

Correction Number: 1

Approved By: NAOMI JAMES

| Field Name | Previous Value | New Value |
|---|---|---|
| Approved Date | 02/07/2014 | 04/07/2014 |
| Date of First or Resumed Production or SWD or Enhr LocationInfoLink | | 4/1/2014 |
| Perf_Record_3 | https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=13&t****Waiting on waterline**** | https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=13&t |
| Producing Method Pumping | No | Yes |
| Production - Barrels Oil | | 50.65 |
| Production - Barrels of Water | | 10.86 |
| Production - Oil Gravity | | 34 |
| Save Link | ../..kcc/detail/operatorEditDetail.cfm?docID=1186591 | ../..kcc/detail/operatorEditDetail.cfm?docID=1197853 |



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1186591
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 |
|-----------------------------------|-----------------|---|

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 |
|--|---|

| 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 |
|---|---|------------------------------------|

| 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: | |
|----------------|-------|---------|------------|--|

| | |
|-----------|---------------------------|
| Form | ACO1 - Well Completion |
| Operator | Ritchie Exploration, Inc. |
| Well Name | Hammeke 13C 1 |
| Doc ID | 1186591 |

Perforations

| Shots Per Foot | Perforation Record | Material Record | Depth |
|----------------|--|-----------------|-------|
| 4 | 4269.5' - 4271.5 (11/15/13) | | |
| 4 | 4308' - 4312', 4295' - 4299' (11/18/13) | | |
| | ****Waiting on waterline**** | | |



#1 Hammeke 13C

1935' FSL & 335' FWL

45' S & 5' E of W/2 NW SW Section 13-18S-28W

Lane County, Kansas

API# 15-101-22470-0000

Elevation: 2723' GL, 2728' KB

| Sample Tops | | | Ref. Well |
|-------------------|-------|-------|--------------|
| Anhydrite | 2102' | +626 | +3 |
| B/Anhydrite | 2138' | +590 | flat |
| Stotler | 3545' | -817 | +7 |
| Heebner | 3951' | -1223 | +10 |
| Lansing | 3990' | -1262 | +8 |
| Muncie Shale | 4158' | -1430 | +13 |
| Stark Shale | 4256' | -1528 | +18 |
| Hush. | 4288' | -1560 | +21 |
| BKC | 4328' | -1600 | +21 |
| Marmaton | 4359' | -1627 | +18 |
| Altamont | 4373' | -1645 | +18 |
| Pawnee | 4447' | -1719 | +19 |
| Myrick | 4480' | -1752 | +17 |
| Fort Scott | 4505' | -1777 | +19 |
| Cherokee Shale | 4528' | -1800 | +20 |
| Johnson | 4568' | -1840 | +18 |
| Conglomerate Sand | 4587' | -1859 | N/A |
| Mississippian | 4596' | -1868 | +25 |
| RTD | 4695' | -1967 | |

ALLIED OIL & GAS SERVICES, LLC 061925

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Greer Pond

| | | | | | | | |
|-----------------------|------------------|---|----------------------|-----------------|-------------------------|-----------------------|-----------------------|
| DATE <u>10-23-13</u> | SEC. <u>13</u> | TWP. <u>18</u> | RANGE <u>28</u> | CALLED OUT | ON LOCATION | JOB START <u>6:30</u> | JOB FINISH <u>7pm</u> |
| LEASE <u>Hammelle</u> | WELL# <u>13C</u> | LOCATION <u>5 East of Dighton 1/2 N</u> | COUNTY <u>Harris</u> | STATE <u>KY</u> | OLD OR NEW (Circle one) | <u>NEW</u> | |
| | | | | Einar | | | |

| | |
|----------------------------------|-------------------------|
| CONTRACTOR <u>WW # 2</u> | OWNER |
| TYPE OF JOB <u>Surface</u> | CEMENT |
| HOLE SIZE <u>7 7/8</u> | T.D. |
| CASING SIZE <u>8 5/8</u> | DEPTH <u>232.25</u> |
| TUBING SIZE | DEPTH |
| DRILL PIPE <u>4 1/2</u> | DEPTH |
| TOOL | DEPTH |
| PRES. MAX | MINIMUM |
| MEAS. LINE | SHOE JOINT |
| CEMENT LEFT IN CSG. <u>15 FT</u> | |
| PERFS. | |
| DISPLACEMENT <u>13.93</u> | <u>bbis fresh water</u> |

| EQUIPMENT | | COMMON | |
|-----------------------------|---------------------------|---------------------------------|---------|
| PUMP TRUCK # <u>366</u> | CEMENTER <u>Josh Kase</u> | 170 | @ 17.90 |
| BULK TRUCK # <u>609-112</u> | HELPER <u>Ben Navel</u> | | |
| BULK TRUCK # | DRIVER <u>Don Casper</u> | | |
| BULK TRUCK # | DRIVER | | |
| | | POZMIX | @ |
| | | GEL | @ 23.40 |
| | | CHLORIDE | @ 64.00 |
| | | ASC | @ |
| | | | @ |
| | | | @ |
| | | | @ |
| | | | @ |
| | | | @ |
| | | | @ |
| | | HANDLING <u>183.49</u> | @ 2.48 |
| | | MILEAGE <u>8-38 X 37 X 2.60</u> | 2.60 |

TOTAL 4,759.37

REMARKS:
 on location - Rig up - had safety meeting
 Run 8 5/8 casing
 Max circulation w/ Rig mud
 Pump 5 bbis fresh water ahead
 mix 170 SKS class A 3 1/2 cc 2% gel
 Displace 13.93 bbis fresh water
 Shut in
 Cementer did circulate 7 pm
 Rig down

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

| SERVICE | |
|--------------------|-----------|
| DEPTH OF JOB | 232 |
| PUMP TRUCK CHARGE | 1512.35 |
| EXTRA FOOTAGE | @ |
| MILEAGE <u>Hum</u> | 37 @ 7.70 |
| MANIFOLD | @ |
| <u>Hum</u> | 37 @ 4.40 |
| | @ |

TOTAL 1,959.25

| 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 Ronnie Lang
 SIGNATURE [Signature]

Thank you

SALES TAX (if Any) _____
 TOTAL CHARGES 6,719.22
1,343.84
 DISCOUNT _____ IF PAID IN 30 DAYS
5,375.38



CONSOLIDATED
Oil Well Services, LLC

Hammek 13C #1
263701

TICKET NUMBER 44390
LOCATION Ogden, Ks.
FOREMAN Dauen, Walt

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

FIELD TICKET & TREATMENT REPORT
CEMENT

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|--|------------|--------------------|---------|----------|-------|--------|
| 11/3/13 | 7173 | Hammek 13C #1 | 13 | 18 | 28 | Lane |
| CUSTOMER <i>Ritchie Exploration</i> | | | Dighton | | | |
| MAILING ADDRESS | | | E To | | | |
| CITY | | | Pawnee | | | |
| STATE | | | Rd 16N | | | |
| ZIP CODE | | | E Side | | | |
| TRUCK # | | DRIVER | | TRUCK # | | DRIVER |
| 463 | | Cory | | | | |
| 608 | | Jake | | | | |
| Helper | | Lance | | | | |

JOB TYPE Production HOLE SIZE 7 7/8 HOLE DEPTH 4695' CASING SIZE & WEIGHT 5 1/2, 15.5
CASING DEPTH 4695' DRILL PIPE _____ TUBING Shoe Joint 2615' OTHER PC. 2069'
SLURRY WEIGHT 14.2 SLURRY VOL 1.42 WATER gal/sk _____ CEMENT LEFT In CASING _____
DISPLACEMENT 119.30 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting Rig up on WW-2 Run Casing & Float Equip. Turbolizers
1-3-6-10-62-64-76 Baskets-9-63-75 Port Collar 63 - Circulate
Pump 5 water mix mud flush Pump 5 water Plug Rathole 30 SKS mix 170 SKS down in
Casing Washup Pump + Lines Displace plug Down with water Land plug @ 1500*
Lift 1000* Float Did Hld

Thanks Dauen & Crew

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|------------------|-------------------|------------------------------------|-----------------|-------------|
| 5401C | 1 | PUMP CHARGE | \$ 3175.00 | \$ 3175.00 |
| 5406 | 35 | MILEAGE | \$ 5.25 | \$ 183.75 |
| 5407A | 9.4 | Ton Mileage Delivery | \$ 1.75 | \$ 165.50 |
| 1126 | 200 SKS | OWC | \$ 23.70 | \$ 4740.00 |
| 1110A | 1000* | Kol Seal | \$.56 | \$ 560.00 |
| 1137 | 50* | CDI 26 | \$ 10.20 | \$ 510.00 |
| 1146 | 14* | CAF 38 | \$ 14.45 | \$ 202.30 |
| 1144G | 500 gal | Mud Flush | \$ 1.00 | \$ 500.00 |
| 4159 | 1 | AFU Float Shoe 5 1/2 | \$ 433.75 | \$ 433.75 |
| 4454 | 1 | Latch Down Plug Assy 5 1/2 | \$ 318.25 | \$ 318.25 |
| 4136 | 7 | 5 1/2 Turbolizers | \$ 75.75 | \$ 530.25 |
| 4285 | 1 | 5 1/2 Port Collar (I) 5" 1310200 | \$ 2178.75 | \$ 2178.75 |
| 4104 | 3 | 5 1/2 Baskets | \$ 290.00 | \$ 870.00 |
| completed | | | Sub Total | \$ 14777.80 |
| | | | Less 10% | \$ 1477.78 |
| | | | Sub Total | \$ 13300.02 |
| | | | SALES TAX 7.15 | \$ 951.76 |
| | | | ESTIMATED TOTAL | \$ 13997.78 |

Rev'n 3737

AUTHORIZATION [Signature] TITLE PRODUCTION SUPERVISOR DATE 11/4/13

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.

72



CONSOLIDATED
Oil Well Services, LLC

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

Hammere 1309
263712

TICKET NUMBER 44478
LOCATION Oakley, KS
FOREMAN M. H. S. W.

FIELD TICKET & TREATMENT REPORT
CEMENT

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|--|------------|--------------------|---------|---------------------|---------|--------|
| 11-5-13 | 7173 | Hammere 1309 | 13 | 10 | 28 | Lea |
| CUSTOMER <i>Ritchie Exploration</i> | | | | | | |
| MAILING ADDRESS | | | | | | |
| CITY | | | | | | |
| STATE | | | | | | |
| ZIP CODE | | | | | | |
| | | | TRUCK # | DRIVER | TRUCK # | DRIVER |
| | | | 399 | Daniel | | |
| | | | SPT 127 | Kipth (from Ottawa) | | |

JOB TYPE Port collar HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 7/8" 15.5 #
 CASING DEPTH 4685 DRILL PIPE _____ TUBING 2 7/8" OTHER 1" @ 2007'
 SLURRY WEIGHT 12.5 SLURRY VOL 1.72 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 11 1/2 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: *Safety meeting and rig upon well head test casing to 1200 psi agent
 foot establish circulation mix 2755 lbs 60/40 per 60 gal #1 flow seal with
 400 #s cotton seed hulls displaced 11 1/2 bbls water shutdown shut tool
 lost to 1200 psi para 5 gts in circulate hole clean*

Cement did circulate

Thanks M. H. S. W. & crew

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|-------------------|-----------------|
| 5401B | 1 | PUMP CHARGE | 1785 | 1785.00 |
| 5406 | 35 | MILEAGE | 5.25 | 183.75 |
| 5407A | 11.82 tons | Ten mileage delivery | 1.75 | 724.15 |
| 1131 | 2755 lbs | 60/40 per | 15.84 | 4361.50 |
| 1107 | 68 # | Flow seal | 2.97 | 201.96 |
| 1112B | 1419 # | Beak seed | .27 | 383.13 |
| 1105 | 400 # | Cotton seed hulls | .58 | 232.00 |
| | | | Subtotal | 7871.49 |
| | | | less 10% discount | 787.15 |
| | | | Subtotal | 7084.34 |
| | | | 7.15 | SALES TAX |
| | | | | ESTIMATED TOTAL |
| | | | | 333.24 |
| | | | | 7417.58 |

Bavin 3737

AUTHORIZATION *Guy Bone* TITLE _____ DATE _____

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.

completed

Handwritten mark