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Document Number:
2331935

Date Received:
10/03/2011

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary completion

1. OGCC Operator Number: 74770 4. Contact Name: JOHN NIERNBERGER
 2. Name of Operator: RITCHIE EXPLORATION INC Phone: (316) 691-9520
 3. Address: P O BOX 783188 Fax: (316) 691-9550
 City: WICHITA State: KS Zip: 67278-

5. API Number 05-039-06646-00 6. County: ELBERT
 7. Well Name: CANYON ENERGY STATE Well Number: 36-34
 8. Location: QtrQtr: SWSE Section: 36 Township: 8S Range: 59W Meridian: 6
 Footage at surface: Distance: 630 feet Direction: FSL Distance: 1980 feet Direction: FEL
 As Drilled Latitude: 39.304350 As Drilled Longitude: -103.944350

GPS Data:
 Date of Measurement: 10/31/2008 PDOP Reading: 1.9 GPS Instrument Operator's Name: EMILIO HERNANDEZ

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____
 ** If directional footage at Bottom Hole Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____

9. Field Name: STANLEY CUP 10. Field Number: 79186
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 09/12/1966 13. Date TD: 09/19/1996 14. Date Casing Set or D&A: 09/19/1996

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 6125 TVD** _____ 17 Plug Back Total Depth MD 6045 TVD** _____

18. Elevations GR 5786 KB 5794 One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8		0	488	290	0	488	
1ST	7+7/8	5+1/2		0	6,107	150	5,030	6,107	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	2,742	130	1,769	2,742

Details of work:

CSG LEAK 9/7/2011 SETTING DEPTH: 1769-2742' SXS CMT: 130

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: JOHN NIERNBERGER
 Title: PRODUCTION MANAGER Date: 9/29/2011 Email: JNIERNBERGER@RITCHIE-EXP.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
1698857	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
2331935	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)