State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109

DRILLING COMPLETION REPORT

Document Number: 400315500

Date Received:

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   [X] Final completion   [ ] Preliminary completion

1. OGCC Operator Number: 74770
2. Name of Operator: RITCHIE EXPLORATION INC
3. Address: P O BOX 783188
    City: WICHITA   State: KS   Zip: 67278-

4. Contact Name: John Niernberger
    Phone: (316) 691-9520
    Fax: (316) 691-9550

5. API Number   05-063-06344-00
6. County: KIT CARSON
7. Well Name: HORNUNG 34B   Well Number: 1
8. Location: QtrQtr: NENW   Section: 34   Township: 10S   Range: 46W   Meridian: 6

Footage at surface: Distance: 710 feet Direction: FNL   Distance: 1481 feet Direction: FWL

As Drilled Latitude: 39.138520   As Drilled Longitude: -102.533900

GPS Data:

Data of Measurement: 01/26/2012   PDOP Reading: 2.5   GPS Instrument Operator's Name: Elijah Frane

** 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: WILDCAT   10. Field Number: 99999
11. Federal, Indian or State Lease Number: ___

12. Spud Date: (when the 1st bit hit the dirt) 07/18/2012   13. Date TD: 08/01/2012   14. Date Casing Set or D&A: ___

15. Well Classification:

[ ] Dry   [ ] Oil   [ ] Gas/Coalbed   [ ] Disposal   [ ] Stratigraphic   [ ] Enhanced Recovery   [ ] Storage   [ ] Observation

16. Total Depth   MD 5954   TVD** ___   17 Plug Back Total Depth   MD 5954   TVD** ___

18. Elevations   GR 4488   KB 4499   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:

Neutron Density, Dual Induction

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	23	0	440	285	0	440	VISU

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: ___

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

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	
STONE CORRAL	3,692	3,730	☐	☐	
HEEBNER	4,794	4,814	☐	☐	
LANSING	4,842	5,179	☐	☐	
ATOKA	5,458	5,618	☐	☐	
MORROW	5,618	5,750	☒	☐	
KEYES	5,750	5,810	☐	☐	
MISSISSIPPIAN-SPERGEN	5,810	5,954	☒	☐	

Comment:

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

Signed: _____   Print Name: Karen Hopper

Title: Production Assistant   Date: _____   Email: production@ritchie-exp.com

Attachment Check List

Att Doc Num	Document Name	attached ?			

Attachment Checklist

Att Doc Num	Document Name	Yes		No	
400315511	CMT Summary *	Yes	☒	No	☐
	Core Analysis	Yes	☐	No	☒
	Directional Survey **	Yes	☐	No	☒
	DST Analysis	Yes	☐	No	☒
	Logs	Yes	☒	No	☐
	Other	Yes	☐	No	☒

Other Attachments

Att Doc Num	Document Name	Yes		No	
400315505	LAS-DUAL INDUCTION	Yes	☒	No	☐
400315507	PDF-ELECTRONIC	Yes	☒	No	☐
400315509	PDF-POROSITY	Yes	☒	No	☐
400315510	PDF-MUD	Yes	☒	No	☐
400315513	WELLBORE DIAGRAM	Yes	☒	No	☐

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)