



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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- 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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

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



1051699

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

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

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> 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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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
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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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Molz Oil Company
Well Name	ACHENBACH B 2
Doc ID	1051699

All Electric Logs Run

GAMMA RAY
DUAL INDUCTION
COMPENSATED DENSITY
NEUTRON DENSITY
SP CALLIPER
BOND LOG
GEOLOGIST LOG

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



phone: 316-337-6200
fax: 316-337-6211
<http://kcc.ks.gov/>

Thomas E. Wright, Chairman
Ward Loyd, Commissioner

Corporation Commission

Sam Brownback, Governor

March 03, 2011

JIM MOLZ
Molz Oil Company
19159 SW CLAIRMONT
KIOWA, KS 67070-8801

Re: ACO1
API 15-007-23610-00-00
ACHENBACH B 2
NW/4 Sec.01-35S-12W
Barber County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
JIM MOLZ



PAGE 1 of 1	CUST NO 1004016	INVOICE DATE 11/01/2010
INVOICE NUMBER 1718 - 90446172		

Pratt (620) 672-1201
 B MOLZ OIL CO
 I 19159 SW CLAIRMONT
 L KIOWA
 L KS US 67070
 T
 O ATTN:

505060
27291

J LEASE NAME Achenbach B # 1
 O LOCATION
 B COUNTY Barber
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40247456	19905		Net - 30 days	12/01/2010

For Service Dates: 10/31/2010 to 10/31/2010	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
0040247456				
171802793A Cement-New Well Casing/Pi 10/31/2010 Surface				
60/40 POZ	325.00	EA	8.28	2,690.99 T
Cello-flake	82.00	EA	2.55	209.35 T
Calcium Chloride	840.00	EA	0.72	608.58 T
Unit Mileage Charge-Pickups, Vans & Cars	50.00	HR	2.93	146.63
Heavy Equipment Mileage	100.00	MI	4.83	483.00
Depth Charge 0-500'	1.00	HR	690.00	690.00
Proppant and Bulk Delivery Charges	700.00	MI	1.10	772.80
Blending & Mixing Service Charge	325.00	MI	0.97	313.95
Supervisor	1.00	HR	120.75	120.75

Ad
11-5-10
ck 21964

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	6,036.05
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	256.15
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	6,292.20
DALLAS, TX 75284-1903	MIDLAND, TX 79702		



PAGE 1 of 1	CUST NO 1004016	INVOICE DATE 11/01/2010
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Pratt (620) 672-1201

B MOLZ OIL CO
 I 19159 SW CLAIRMONT
 L KIOWA
 T KS US 67070
 O ATTN:

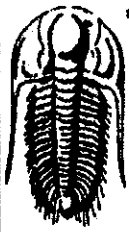
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Heavy Equipment Mileage	50.00	HR	2.93	146.63
Depth Charge 0-500'	100.00	MI	4.83	483.00
Proppant and Bulk Delivery Charges	1.00	HR	690.00	690.00
Blending & Mixing Service Charge	700.00	MI	1.10	772.80
Supervisor	325.00	MI	0.97	313.95
	1.00	HR	120.75	120.75

Ad
11-5-10
ck 21964

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TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Molz Oil Company

Achenbach B#2

19159 SW Clairmont
Kiowa KS 67070

1-35s-12w Barber,KS

Job Ticket: 039281

DST#: 2

ATTN: Arden Ratzlaff

Test Start: 2010.11.11 @ 15:27:07

GENERAL INFORMATION:

Formation: **Simpson**
 Deviated: **No Whipstock:** ft (KB)
 Time Tool Opened: 18:50:07
 Time Test Ended: 04:04:07

Test Type: **Conventional Bottom Hole**
 Tester: **Gary Pevoteaux**
 Unit No: **39**

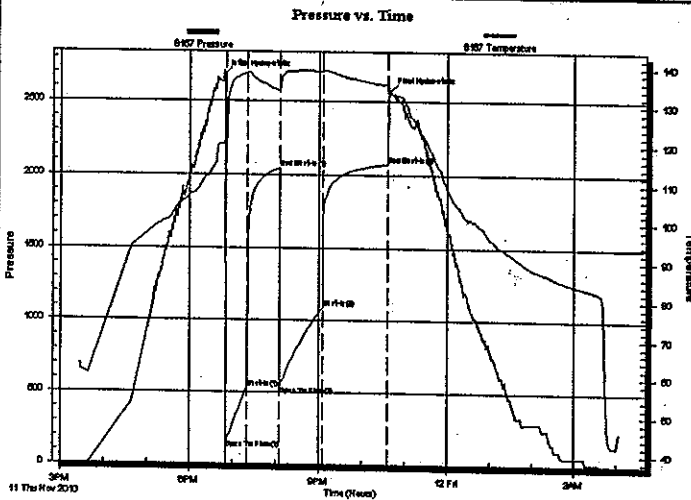
Interval: **5288.00 ft (KB) To 5330.00 ft (KB) (TVD)**
 Total Depth: **5330.00 ft (KB) (TVD)**
 Hole Diameter: **7.88 inches** Hole Condition: **Poor**

Reference Elevations: **1420.00 ft (KB)**
1410.00 ft (CF)
 KB to GR/CF: **10.00 ft**

Serial #: 8167 **Inside**
 Press@RunDepth: **1090.64 psig @ 5289.00 ft (KB)**
 Start Date: **2010.11.11** End Date: **2010.11.12**
 Start Time: **15:27:12** End Time: **04:04:07**

Capacity: **8000.00 psig**
 Last Calib.: **2010.11.12**
 Time On Btm: **2010.11.11 @ 18:48:07**
 Time Off Btm: **2010.11.11 @ 22:39:22**

TEST COMMENT: F:Strong blow . B.O.B. in 2.3 mins.
 IS:Weak blow . 1/4 - 1/2".
 FF:Strong blow . B.O.B. in 3 mins.
 FS:Weak blow . 1/2 - 1".



PRESSURE SUMMARY

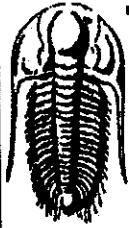
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2679.94	120.83	Initial Hydro-static
2	108.79	119.79	Open To Flow (1)
32	526.82	138.36	Shut-In(1)
77	2045.05	134.07	End Shut-In(1)
77	540.07	133.60	Open To Flow (2)
137	1090.64	138.95	Shut-In(2)
229	2075.74	135.50	End Shut-In(2)
232	2566.95	133.35	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bb)
1870.00	SW/Rw .15@ 45 deg	24.59
275.00	MV 34% m 66% w	3.86
0.00	90 ft. of GIP	0.00

Gas Rates

	Choke (Inches)	Pressure (psig)	Gas Rate (Mcf/d)



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Molz Oil Company

Achenbach B#2

19159 SW Clairmont
Kiowa KS 67070

1-35s-12w Barber,KS

Job Ticket: 039281

DST#: 2

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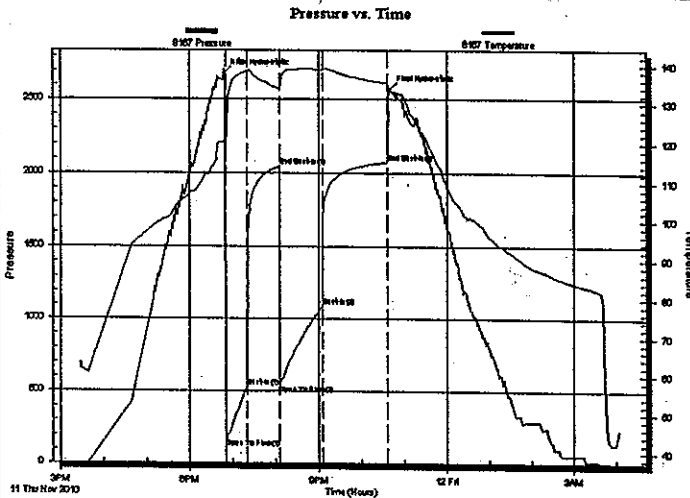
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Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



phone: 316-337-6200
fax: 316-337-6211
<http://kcc.ks.gov/>

Thomas E. Wright, Chairman
Ward Loyd, Commissioner

Corporation Commission

Sam Brownback, Governor

March 04, 2011

JIM MOLZ
Molz Oil Company
19159 SW CLAIRMONT
KIOWA, KS 67070-8801

Re: ACO-1
API 15-007-23610-00-00
ACHENBACH B 2
NW/4 Sec.01-35S-12W
Barber County, Kansas

Dear JIM MOLZ:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 10/31/2010 and the ACO-1 was received on March 03, 2011 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department