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KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
September 1999
Form Must Be Typed

COPY

Operator: License # 6006
Name: MOLZ OIL CO., INC.
Address: 19159 SW CLAIRMONT
City/State/Zip: KIOWA KS, 67070
Purchaser: ONEOK
Operator Contact Person: JIM MOLZ
Phone: (620) 296 4558
Contractor: Name: PRATT WELL SERVICE
License: 5893
Wellsite Geologist: DOUG MCGINNESS

Designate Type of Completion:

____ New Well __X__ Re-Entry ____ Workover

__X__ Oil ____ SWD ____ SIOW ____ Temp. Abd.

__X__ Gas ____ ENHR ____ SIGW

____ Dry ____ Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:

Operator: GREGGS OIL CO
Well Name: CEKOSKY
Original Comp. Date: 8-7-82 Original Total Depth: 4410

__X__ Deepening ____ Re-perf. ____ Conv. to Enhr./SWD

____ Plug Back ____ Plug Back Total Depth

____ Commingled Docket No. ____

____ Dual Completion Docket No. ____

____ Other (SWD or Enhr.?) Docket No. ____

JUNE 29-01	07-07-01	07-28-01
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 150072-14760001
County: BARBER
E 1/2 NE NW Sec. 35 Twp. 32 S. R. 10 ☐ East ☒ West
4620 feet from (S) / N (circle one) Line of Section
2970 feet from (E) / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE ~~SE~~ NW SW
Lease Name: CEKOSKY Well #: 1
Field Name: MCGUIRE-GOEMANN
Producing Formation: MISSISSIPPI
Elevation: Ground: 1426 Kelly Bushing: 1434
Total Depth: 4707 Plug Back Total Depth: 4650
Amount of Surface Pipe Set and Cemented at 332 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 Alt I en 10-20-03
(Data must be collected from the Reserve Pit)
Chloride content 18,000 ppm Fluid volume 500 bbls
Dewatering method used evaporation
Location of fluid disposal if hauled offsite:
Operator Name: MOLZ OIL CO., INC.
Lease Name: THOMPSON License No.: 6006
Quarter SE Sec. 34 Twp. 32 S. R. 10 ☐ East ☒ West
County: BARBER Docket No.: ____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: ____
Title: Pres Date: 10-8-01
Subscribed and sworn to before me this 8th day of October, 19 2001.
Notary Public: William K Watson Jr
Date Commission Expires: 10-26-2002

NOTARY PUBLIC - State of Kansas
WILLIAM K. WATSON, JR.
My Appt. Exp. ____

KCC Office Use ONLY

N Letter of Confidentiality Attached
If Denied, Yes ☐ Date: ____
✓ Wireline Log Received
✓ Geologist Report Received
UIC Distribution

Side Two

Operator Name: MOLZ OIL CO., INC. Lease Name: CEKOSKY Well #: 1

Sec. 35 Twp. 32 S. R. 10 [ ] East [X] West County: BARBER

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 copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken [ ] Yes [X] No
(Attach Additional Sheets)

Samples Sent to Geological Survey [ ] Yes [X] No

Cores Taken [ ] Yes [X] No

Electric Log Run [X] Yes [ ] No
(Submit Copy)

List All E. Logs Run:

DUAL COMPENSATED POROSITY

DUAL INDUCTION LOG

[ ] Log Formation (Top), Depth and Datum [ ] Sample

Name	Top	Datum
MISSISSIPPI	4380	
KINDERHOOK	4603	
VIOLA	4687	

CASING RECORD [ ] New [X] 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
	7 7/8	5 ½	15.5	4650	ASC	125	5#KOL SEAL

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: ___ Perforate ___ Protect Casing ___ Plug Back TD ___ Plug Off Zone	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
4	4390-4400	2,000 GAL 15% ACID	4390-44(
		50,000 # SAND	

TUBING RECORD Size 2 7/8 Set At 4420 Packer At Liner Run [ ] Yes [ ] No

Date of First, Resumed Production, SWD or Enhr. 07-30-01

Producing Method [ ] Flowing [X] Pumping [ ] Gas Lift [ ] Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	20	250,000	200	12.5-1	24

Disposition of Gas METHOD OF COMPLETION Production Interval

[ ] Vented [X] Sold [ ] Used on Lease
(If vented, Submit ACO-18.)

[ ] Open Hole [X] Perf. [ ] Dually Comp. [ ] Commingled _____

[ ] Other (Specify) _____

NOTARY PUBLIC - STATE OF KANSAS
WILLIAM K. WATSON, JR.
My Appt. Exp. _____