### RECEIVED

SEP 2 2 2010

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION KCC WICHITA

## Form Must Be Typed

Form must be Signed All blanks must be Filled

#### **WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License #6006	API No. 15007-23512-00-00
Name: MOLZ OIL COMPANY	Spot Description:
Address 1: 19159 SW CLAIRMONT	SE_SW_SE_SW Sec. 31 Twp. 34 S. R. 11 East V West
Address 2:	Feet from North / 🗹 South Line of Section
City: KIOWA State: KS Zip: 67070 +	
Contact Person:JIM MOLZ	Footages Calculated from Nearest Outside Section Corner:
Phone: ( 620 ) 296-4558	□NE □NW □SE □SW
CONTRACTOR: License #_ 34233	County: BARBER
Name: MAVERICK DRILLING LLC	Lease Name: MOLZ Well #: 14
Wellsite Geologist: ARDEN RATZLAFF	Field Name: STRANATHAN
Purchaser: ONEOK / HIGH SIERRA CRUDE OIL	Producing Formation: MISSISSIPPI
Designate Type of Completion:	Elevation: Ground: 1350 Kelly Bushing: 1359
✓ New Well Re-Entry Workover	Total Depth: 5437 Plug Back Total Depth: 5442
□ Oil □ WSW □ SWD □ SIOW	Amount of Surface Pipe Set and Cemented at: 349 Feet
✓ Gas	Multiple Stage Cementing Collar Used? ☐ Yes ☑ No
☐ OG ☐ GSW ☐ Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.):	feet depth to: sx cmt.
If Workover/Re-entry: Old Well Info as follows:	·
Operator:	Drilling Elvid Management Plan
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	Chloride content: 4500 ppm Fluid volume: 96.7 bbls
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD ☐ Conv. to GSW	Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name: MOLZ OIL COMPANY
Dual Completion Permit #:	Lease Name: MOLZ SWD License #: 6006
SWD Permit #:	Quarter NW Sec. 6 Twp. 35 S. R. 11 East West
ENHR Permit #:	County: BARBER Permit #: D-9711
GSW Permit #:	Fernit #.
05-09-10         05-20-10         07-16-10           Spud Date or Recompletion Date         Date Reached TD         Completion Date or Recompletion Date	
Kansas 67202, within 120 days of the spud date, recompletion, workover or c of side two of this form will be held confidential for a period of 12 months if rec	n the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information quested in writing and submitted with the form (see rule 82-3-107 for confidenell report shall be attached with this form. ALL CEMENTING TICKETS MUST orm with all temporarily abandoned wells.
AFFIDAVIT	KCC Office Use ONLY

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 statement	s herein are	e complete	and com	rect to the	e best of m	y knowledge.
		3/				
Signature:		wi,	ممرح	7		
Title: PRESIDE	IT	7		Date: 0	9/20/2010	
			$\Box$		~	

KCC Office Use ONLY
Letter of Confidentiality Received
Date:
Confidential Release Date:
Wireline Log Received
✓ Geologist Report Received
UIC Distribution  ALT XI II II III Approved by: Date: 928 10

#### Side Two

Operator Name: MO	LZ OIL COMPAI	NY	Lease N	Lease Name: MOLZ			Well #:14				
Sec. 31 Twp.34	S. R. <u>11</u>	☐ East									
time tool open and clo	sed, flowing and shues if gas to surface to	nd base of formations pen ut-in pressures, whether s est, along with final chart( I well site report.	hut-in press	sure rea	ched static level,	hydrostatic press	ures, bottom l	hole temperature, fluid			
Drill Stem Tests Taken (Attach Additional S		✓ Yes □ No		<b>V</b> L	og Formation	n (Top), Depth and	d Datum	Sample			
Samples Sent to Geol	ogical Survey	✓ Yes		Nam	e ROKEE	,	Top 4724	Datum 4785			
Cores Taken		Yes No			SSIPPIAN		4785	4950			
Electric Log Run Electric Log Submitted (If no, Submit Copy)	•	✓ Yes No Yes ✓ No		VIOLA	<b>A</b>		5185 5517	5275			
List All E. Logs Run: CEMENT BONI COMPENSATE		AL INDUCTION LO DENSITY PE LOG	G	***************************************							
		CASING Report all strings set-o	RECORD	✓ Ne	***************************************	on etc					
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weig	ght	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives			
CONDUCTOR	7 7/8	13 3/8	48#		316	60/40 POZ	350				
CASING		5 1/2	15.5#		5437	AA-2 60/40 POZ	200				
Dimensi		ADDITIONAL	CEMENTIN	NG / SQL	JEEZE RECORD		<del></del>	RECEIVED			
Purpose:  ——— Perforate	Depth Top Bottom	Type of Cement	# Sacks	Used		Type and Pe	ercent Additives				
Protect Casing Plug Back TD Plug Off Zone											
							NU	C WICHITA			
Shots Per Foot		ON RECORD - Bridge Plug Footage of Each Interval Perl			Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)						
4	4730/4770			726,000 SLICK			CKWATER 4				
		o portanti porta									
TUBING RECORD:	Size: 7/8	Set At: 4970	Packer At	t:	Liner Run:	Yes No					
Date of First, Resumed 07-15-2010	Production, SWD or EN	IHR. Producing Meth	nod: Pumping	g 🗌	Gas Lift 🔲 C	ther <i>(Explain)</i>					
Estimated Production Per 24 Hours	Oil 100	Bbls. Gas 200	Mcf	Wat	er Bi	bls. G	as-Oil Ratio	Gravity			
DISPOSITIO	ON OF GAS:		METHOD OF	COMPLE	ETION:		PRODUCTION	ON INTERVAL:			
Vented ✓ Sold			Perf.	Dually	Comp. Con		85-4950				
(If vented, Sub	<b></b>	Other (Specify)		(Submit i	ACO-5) (Subr	nit ACO-4)					



10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

### FIELD SERVICE TICKET 1718 02052

		- Olyar II	NO & WINCLINE	· ·	<u> </u>			DATE	TICKET NO			1.
DATE OF JOB	22-1C	) DIS	STRICT PRATE	-, Ks.		NEW C	VELL	PROD IN	WDW □ L	□8	USTOMER RDER NO.:	14
CUSTOMER /	1012	0	IL CO.			LEASE //	JOL.	<u>Z</u>			WELL NO.	豐
ADDRESS						COUNTY [	3/11	2BE/2	STATE	1/5		
CITY	STATE	SERVICE CR		3.35	ЕАТЕН, М		EZ, FLORE	Z				
AUTHORIZED B	Y					JOB TYPE: (				, i		
EQUIPMENT	#. H	RS	EQUIPMENT#	HRS	JOB TYPE: CNW-5/2 L.S.  HRS EQUIPMENT# HRS TRUCK CALLED 4-21-1							
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products, and/or sul become a part of th	pplies includ	es all of	ecute this contract as a and only those terms a ne written consent of a	and conditions a	appearing o	n the front and back	of this o	locument. No add	itional on substitute	terms	and/or conditions	s shall
ITEM/PRICE REF. NO.		MA	TERIAL, EQUIPME	NT AND SEF	VICES U	SED	UNI	CUANTITY	UNIT PRIC	Ε	\$ AMOUN	T.
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CC 111	SAL	7					11	990			495	$\alpha$
CC 115	GAS	<u>- B</u>	LOK					188			968	20
CC 129	FLA	<u> - 3</u>	22		· · · · · ·		Ik	151 -			1,132	50
CC 201	GIL	SOM	1175					1,000	RECEIVE SEP 22	D_	670	C
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FIELD SERVICE	ORDERIN	0.	$\overline{}$				(WELĹ	OWNER OPERA	TOR CONTRACTO	R OR	AGENT)	

FIELD SERVICE ORDER NO.



10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

## FIELD SERVICE TICKET 1718 02053 A

CONTINUATION

Р	RESSURE PUM	IPING & WIRELINE					DATE	TICKET NO	<u> </u>	<u> </u>	
DATE OF 5-2	2-10	DISTRICT PRATE,	<u>/</u> 3.		NEW (	WELL P	ROD   INJ	□ WDW [	⊃ SL	JSTOMER RDER NO.:	
CUSTOMER //	POLZ.	OIL CO.			LEASE /	700	Z			WELL NO.	12
ADDRESS	· · · · · · · · · · · · · · · · · · ·				COUNTY	BARI	BER	STATE	12	5	4
CITY		STATE			SERVICE CF	REW LE	SCEY, VE	ATCH, MARC	νυ <del>Ε</del>	Z, FLORE	2
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THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

SERVICE



### TREATMENT REPORT

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Customer	MOLZ	2 0,1	Co.	Lease N	lo.	**.			Date					
Lease	N	012		Well #	/	2					06-1	10		
Field Order	# Statio	n Pian	++			Casing	3/s Dept	th. "	County	BAR	BER		State	
Type Job	N W		Condu	ctor	4 1		Formation				Legal De	scription	1.7	
	E DATA	- 1	FORATIN		ı	FLUID	USED		T	REA	TMENT			-
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Customer Re	presentative	•		Stati	on Mai	nager	AVE Sca	4	Treat	er /	bent	lul	liva.	
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10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

# FIELD SERVICE TICKET 1718 1534 A

	PRESSU	RE PUM	IPING & WIRELINE		40			DATE	TICKET NO			•
DATE OF JOB 05	06	-10	DISTRICT PRAT			NEW (WELL	WELL	PROD IN	J DWDW	<u>□</u>	CUSTOMER ORDER NO.:	
CUSTOMER		1101	12 oil co	: 4	North Section	LEASE ,	10/2			12	WELL NO.	
ADDRESS		·		· · · · · · · · · · · · · · · · · · ·		COUNTY	BARIS	he	STATE	KS		
CITY	. ,	<u> </u>	STATE			SERVICE CF			Molson, 1	The	e	
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THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

SERVICE

REPRESENTATIVE

FIELD SERVICE ORDER NO.