

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1

June 2009

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
Name: MOLZ OIL COMPANY
Address 1: 19159 SW CLAIRMONT
Address 2: _____
City: KIOWA State: KS Zip: 67070 + _____
Contact Person: JIM MOLZ
Phone: (620) 296-4558
CONTRACTOR: License # 33902
Name: HARDT DRILLING LLC
Wellsite Geologist: ARDEN RATZLAFF
Purchaser: ONEOK

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 #: _____

08/10/10	08/23/10	11/01/10
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 007-23578-00-00
Spot Description: NW/4
SE NW SW NW Sec. 6 Twp. 35 S. R. 11 East West
3,450 Feet from North / South Line of Section
473 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: BARBER
Lease Name: MOLZ Well #: 15
Field Name: STRANATHAN
Producing Formation: MISSISSIPPI
Elevation: Ground: 1394 Kelly Bushing: 1404
Total Depth: 5520 Plug Back Total Depth: 5517
Amount of Surface Pipe Set and Cemented at: 316 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: 10,000 ppm Fluid volume: 1500 bbls
Dewatering method used: HAUL OFF
Location of fluid disposal if hauled offsite:
Operator Name: MOLZ OIL COMPANY
Lease Name: MOLZ License #: 6006
Quarter NW Sec. 6 Twp. 35 S. R. 11 East West
County: BARBER Permit #: D-9771

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.

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.
Signature: _____
Title: PRESIDENT Date: 11/15/10

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: Dlg Date: 12/7/10

Operator Name: MOLZ OIL COMPANY Lease Name: MOLZ Well #: 15
 Sec. 6 Twp. 35 S. R. 11 East 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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: GEOLOGIST/DUAL INDUCTION/COMPENSATED NEUTRON/DENSITY PE LOG	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>CHEROKEE</td> <td>4724</td> <td>4725</td> </tr> <tr> <td>MISSISSIPPIAN</td> <td>4785</td> <td>4786</td> </tr> <tr> <td>VIOLA</td> <td>5185</td> <td>5187</td> </tr> <tr> <td>ARBUCKLE</td> <td>5486</td> <td>5488</td> </tr> <tr> <td>TD</td> <td>5517</td> <td>5520</td> </tr> </table>	Name	Top	Datum	CHEROKEE	4724	4725	MISSISSIPPIAN	4785	4786	VIOLA	5185	5187	ARBUCKLE	5486	5488	TD	5517	5520
Name	Top	Datum																	
CHEROKEE	4724	4725																	
MISSISSIPPIAN	4785	4786																	
VIOLA	5185	5187																	
ARBUCKLE	5486	5488																	
TD	5517	5520																	

CASING RECORD <input checked="" 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
CONDUCTOR		13 3/8	48	316	60/40 POZ	325	CELLO-FLAKE
CASING		5 1/2	15.5	5518	AA2	200	60/40 POZ

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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
4	4786-4806	180,000 GALLON SKLICKWATER	4786-4806
2	4807-4826	645,000 GALLON SLICKWATER	4807-4826
	4786-4826	367,000# SAND	

TUBING RECORD:	Size: <u>2 7/8</u>	Set At: <u>4850</u>	Packer At: <u>NONE</u>	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>11/01/10</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____		
Estimated Production Per 24 Hours	Oil Bbls. <u>40</u>	Gas Mcf <u>250</u>	Water Bbls. <u>200</u>	Gas-Oil Ratio <u>27.5</u>

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" 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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>4786 - 4826</u> <u>MISSISSIPPI</u>
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BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

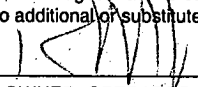
FIELD SERVICE TICKET
1718 02197 A

DATE _____ TICKET NO. _____

DATE OF JOB 8-25-10 DISTRICT Pratt		NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:				
CUSTOMER Molz Oil Co.		LEASE Molz		WELL NO. 15		
ADDRESS		COUNTY Barber		STATE KS		
CITY		STATE		SERVICE CREW Orlando, Lesley, Phye		
AUTHORIZED BY		JOB TYPE: CNW - 5/2 L.S.				
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED 8-24-10 AM 10:00
27283	1					ARRIVED AT JOB 8-24-10 AM 11:30
19889-19812	11					START OPERATION 8-25-10 AM 6:50
19810-19889						FINISH OPERATION ? AM 7:30
19760-19860	1					RELEASED ? AM 8:00
						MILES FROM STATION TO WELL 5.0 mi

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

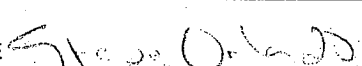
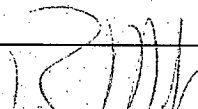
SIGNED: 
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	AA2 Cement	SK	200		3400.00
CP 103	60/HOPOZ	SK	30		3600.00
CC 105	DeFoamer	Lb	38		152.00
CC 111	Salt	Lb	990		495.00
CC 115	Gas Block	Lb	188		968.20
CC 129	FLA-322	Lb	151		1132.50
CC 201	Bikomite	Lb	1000		670.00
CF 607	Latch Down Plug + Baffle	ea	1		400.00
CF 1251	Auto Fall Flant shoe	ea	1		60.00
CF 1651	Turbolizer	ea	2		770.00
CF 1701	Basket	ea	2		800.00
C 704	MCL Substitute	Gal	5		125.00
CC 151	Mud Flush	Gal	500		750.00
CC 155	Super Flush II	Gal	500		765.00
E 100	Pickup mileage	mi	50		212.50
E 101	Heavy Equipment Mileage	mi	100		700.00
E 113	Bulk Delivery	Tm	535		856.00
CE 206	Depth Charge 5001-6000'	ea	1		2880.00
CE 240	Cement Service Charge	SK	230		327.00

SUB TOTAL **DL5**

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE 	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: 
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FIELD SERVICE ORDER NO. _____

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET
1718 02389 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>8/11/10</u> DISTRICT <u>PRATT, KS</u>		NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO. _____				
CUSTOMER <u>MOLZ OIL CO.</u>		LEASE <u>MOLZ</u> WELL NO. <u>13</u>				
ADDRESS _____		COUNTY <u>BUTLER</u> STATE <u>KS</u>				
CITY _____ STATE _____		SERVICE CREW <u>H.G. KEEVER, ERIC</u>				
AUTHORIZED BY _____		JOB TYPE: <u>CNW-CONDUCTOR</u>				
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED <u>8-10</u> DATE <u>8-10</u> AM <u>2100</u> PM
<u>19907</u>		<u>19959</u>	<u>3/4</u>			ARRIVED AT JOB AM <u>2300</u> PM
<u>19903</u>	<u>3/4</u>	<u>21010</u>				START OPERATION <u>8-11</u> AM <u>0115</u> PM
<u>19905</u>						FINISH OPERATION AM <u>0300</u> PM
						RELEASED AM <u>0330</u> PM
						MILES FROM STATION TO WELL <u>50</u>

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).
The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
<u>CC103</u>	<u>60/40 F62</u>		<u>375</u>	<u>SLK</u>	<u>3960.00</u>
<u>CC102</u>	<u>CELL PHONE</u>		<u>82</u>	<u>lb</u>	<u>303.40</u>
<u>CC109</u>	<u>CALCIUM HYDROXIDE</u>		<u>840</u>	<u>lb</u>	<u>882.00</u>
<u>E100</u>	<u>PICKUP MILEAGE</u>		<u>50</u>	<u>mile</u>	<u>212.50</u>
<u>E101</u>	<u>TRUCK MILEAGE</u>		<u>100</u>	<u>mile</u>	<u>700.00</u>
<u>E113</u>	<u>BULK DELIVERY</u>		<u>700</u>	<u>TM</u>	<u>1120.00</u>
<u>CE200</u>	<u>PUMP CHANGE</u>		<u>1</u>	<u>EACH</u>	<u>RECEIVED 000.00</u>
<u>CE240</u>	<u>BLENDER CHANGE</u>		<u>375</u>	<u>SLK</u>	<u>NOV 24 2010 455.00</u>
<u>5003</u>	<u>SEWER SUPPLIES</u>		<u>1</u>	<u>EACH</u>	<u>KCC WICHITA 75.00</u>

CHEMICAL / ACID DATA:			

SUB TOTAL		<u>5686.14</u>
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	<u>DLS</u>
TOTAL		

SERVICE REPRESENTATIVE H. Crowley THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY Scott Adkins
FIELD SERVICE ORDER NO. _____ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

BASIC

energy services, L.P.

TREATMENT REPORT

Customer MOLTZ OIL CO.	Lease No.	Date
Lease MOLTZ	Well # 15	8-25-10
Field Order # 2197	Station PRATT, KS.	Casing 5 1/2
Type Job CNW-5 1/2 L.S.	Formation	Depth 3580'
		County BARBER
		State KS.
		Legal Description 6-35-11

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
5 1/2			CMT -	200 SKS AA 2				
Depth 3514'	Depth	From	To	Pre Pad	Max		5 Min.	
Volume 131 BBL	Volume	From	To	Pad	Min		10 Min.	
Max Press 1500	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection P.C.	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 3412	Packer Depth	From	To	Flush 130 KCL H₂O	Gas Volume		Total Load	

Customer Representative RON MOLTZ	Station Manager D. SCOTT	Treater S. ORLANDO
--	---------------------------------	---------------------------

Service Units	2223	19839	19842	19960	19860				
Driver Names	ORLANDO	LESLEY	---	PHYE	---				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
11:30 PM					ON LOCATION! - SAFETY MEETING
					RUN 131 LITS. 5 1/2" X 15.5"
					CIRC. HALF WAY IN HOLE
					CSG. UN' BOTTOM / CENT - 3, 5, 9, 14, 15, 17, 20 / BASK 2-12
5:40					HOOK UP TO CSG. - BREAK CIRC. W/ RIG
					1120 AHEAD
6:34	250		12	5	MUD FLUSH
6:36	250		5	5	H₂O SPACER
6:37	250		12	5	SUPERFLUSH II
6:39	250		5	5	H₂O SPACER
6:40	250		52	5	200 SKS. AA2 CEMENT (2) 15.0 #/GAL
					SHUT DOWN - CLEAR PUMP - RELEASE PLUG
6:58			0	7	START DISPLACEMENT
7:13	300		100	6	LIFT PRESSURE
7:18	500		120	5	SLOW RATE
7:20	1500		130	4	PLUG DOWN - HELD
7:30			6		PLUG R.H.
					CIRCULATION THRU W/B KCC WICHITA
					JOBS COMPLETE,
					THANKS - STEVE ORLANDO

RECEIVED
DEC 06 2010

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energy services, L.P.

TREATMENT REPORT

Customer MOLTZ OIL CO	Lease No.	Date 8-11-10
Lease MOLTZ	Well # 15	
Field Order # 1589	Station PRATT KS	Casing 13 3/8
Type Job CNW - CONDUCTOR	Depth 316	County BARBER
	Formation TD-316	State KS
		Legal Description 6-35-11

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size 13 3/8	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
Depth 316	Depth	From	To	Pre Pad	Max		5 Min.
Volume	Volume	From	To	Pad	Min		10 Min.
Max Press	Max Press	From	To	Frac	Avg		15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative SCOTT	Station Manager SCOTT	Treater COADLEY
Service Units 19907	19903-19905	19959-21010
Driver Names HEVEN	HEVEN	HEVEN

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
7:30					ON LOCATION
					RUN 303' 13 3/8 CSG 8JTS
					BREAK COLL.
					MIX CEMENT
0115			72	6	325 SL 60/40 P02
					2% GEL, 3% CC, 1/4" H2O EFFICIENCY
			0	6	START DISP.
			46	6	FDUBH DISP.
0245					SHUT ON SWEDGE VALVE
					WORK TO 60' REMAIN TO SET
0330					JOB COMPLETE

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