

RECEIVED
03-21-2003
MAR 21 2003

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

KCC WICHITA

ORIGINAL

Operator: License # 6006
 Name: Molz Oil Co., Inc.
 Address: 19159 SW Clairmont
 City/State/Zip: Kiowa, Kansas 67070
 Purchaser: ONEOK
 Operator Contact Person: Jim Molz
 Phone: (620) 296-4558
 Contractor: Name: Duke Drilling Co., Inc.
 License: 5929
 Wellsite Geologist: Gordon Keen
 Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, 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./SWD
 Plug Back Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____
 02-13-03 02-21-03 2.21.03
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 007-22731-00-00
 County: Barber County Kansas
C-W/2 NW NW Sec. 2 Twp. 33 S. R. 10 East West
660 feet from S N (circle one) Line of Section
330 feet from E W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Ruby Well #: 2
 Field Name: LITTLE SANDY
 Producing Formation: MISSISSIPPI
 Elevation: Ground: 1400' Kelly Bushing: 1411'
 Total Depth: 4760' Plug Back Total Depth: 4742'
 Amount of Surface Pipe Set and Cemented at 240 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 All 1 ea 3-26-03
 (Data must be collected from the Reserve Pit)
 Chloride content 19000 ppm Fluid volume 1600 bbls
 Dewatering method used EVAPORATION
 Location of fluid disposal if hauled offsite: _____
 Operator Name: MOLZ OIL
 Lease Name: RUBY #2 License No.: 6006
 Quarter _____ Sec. 2 Twp. 33 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: [Signature]
 Title: PRESIDENT Date: 3-20-03
 Subscribed and sworn to before me this 20th day of March, 2003
 Notary Public: Joyce N. McCarty
 Date Commission Expires: _____

JOYCE N. McCARTY
 Notary Public - State of Kansas
 My Appt. Expires 3-20-2006

KCC Office Use ONLY
 Letter of Confidentiality Attached
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

X

Operator Name: Molz Oil Co., Inc. Lease Name: Ruby Well #: 2
 Sec. 2 Twp. 33 S. R. 10 East West County: Barber County, Kansas

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 <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 <i>(Submit Copy)</i> List All E. Logs Run: DUAL COMPENSATED POROSITY LOG DUAL INDUCTION LOG	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> Log</td> <td>Formation (Top), Depth and Datum</td> <td><input type="checkbox"/> Sample</td> </tr> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> <tr> <td>HEEBNER SHALE</td> <td>3408</td> <td>-1998</td> </tr> <tr> <td>LANSING</td> <td>3705</td> <td>-2294</td> </tr> <tr> <td>DOUGLAS DS</td> <td>3460</td> <td>-2049</td> </tr> <tr> <td>SWOPE LS</td> <td>4110</td> <td>-2699</td> </tr> <tr> <td>PAWNEE LS</td> <td>4205</td> <td>-2874</td> </tr> <tr> <td>CHEROKEE SH</td> <td>4335</td> <td>-2924</td> </tr> <tr> <td>MISSISSIPPI</td> <td>4373</td> <td>-2962</td> </tr> <tr> <td>MISS POR ZONE</td> <td>4380</td> <td></td> </tr> <tr> <td>KINDERHOOK SH</td> <td>4606</td> <td>-3195</td> </tr> <tr> <td>CHATTANOOGA SH</td> <td>4649</td> <td>-3238</td> </tr> <tr> <td></td> <td>4682</td> <td>-3278</td> </tr> </table>	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample	Name	Top	Datum	HEEBNER SHALE	3408	-1998	LANSING	3705	-2294	DOUGLAS DS	3460	-2049	SWOPE LS	4110	-2699	PAWNEE LS	4205	-2874	CHEROKEE SH	4335	-2924	MISSISSIPPI	4373	-2962	MISS POR ZONE	4380		KINDERHOOK SH	4606	-3195	CHATTANOOGA SH	4649	-3238		4682	-3278
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CASING RECORD							
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	# Sacjs Used	Type and Percent Additives
Surface	12-1/4"	8-5/8"	23#	240'	60/40 Poz	225	3%cc 2%gel
Production	7-7/8"	5-1/2"	15.5#	4769'	ASC	150	5#kolseal

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	4406-4416	4000 7½ % ACID	4406-16

TUBING RECORD	Size 2 3/8	Set At 6616	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumerd Production, SWD or Enhr. 03-13-03	Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcl	Water Bbls.	Gas-Oil Ratio	Gravity
		3281	0		

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Sumit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	

NATURAL GAS ANALYSIS REPORT

Sampled by:
 Trilobite Testing, Inc.
 Hays, Kansas
 Scott City, Kansas
 Phone: 800-728-5369
 Fax: 785-625-5620

Analyzed by:
 Caraway Analytical, Inc
 P. O. Box 2137
 Liberal, Kansas 67905
 Phone: 620-624-5389
 Fax: 620-626-7108

Lab Number: 20030903
 Sample From: Ruby 2
 Producer: Molz Oil Co.
 Date:
 Time:
 Sampler:
 Source: DST 1

Analyzed: 02/23/03
 Pressure:
 Temperature:
 Location: 2-33-10
 County: Barber
 State: Kansas
 Formation: Miss

	Mole %	GPM
Helium	He: 0.094	0.000
Hydrogen	H2: 0.004	0.000
Oxygen	O2: 0.000	0.000
Nitrogen	N2: 1.522	0.000
Carbon Dioxide	CO2: 0.084	0.000
Methane	C1: 88.249	0.000
Ethane	C2: 5.476	1.465
Propane	C3: 2.518	0.694
Iso Butane	iC4: 0.326	0.107
Normal Butane	nC4: 0.802	0.253
Iso Pentane	iC5: 0.197	0.072
Normal Pentane	nC5: 0.255	0.092
Hexanes Plus	C6+: 0.473	0.206

TOTAL: 100.000 2.889
 Z Fact: 0.9973
 SP.GR.: 0.6513
 BTU (SAT): 1116.6 @ 14.73 psia
 BTU (DRY): 1136.3 @ 14.73 psia
 OCTANE RATING: 124.2

COMMENTS: 0.000

RECEIVED
 MAR 21 2003 02-21-003
 KCC WICHITA

ALLIED CEMENTING CO., INC. 12592 ORIGINAL

Federal Tax I.D.# ~~310820250~~

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

15-007 - 22731 - 00-00

SERVICE POINT:
Medicine Lodge

DATE <u>2-21-07</u>	SEC. <u>2</u>	TWP. <u>22</u>	RANGE <u>10W</u>	CALLED OUT <u>11:00</u>	ON LOCATION <u>12:20</u>	JOB START <u>3:50</u>	JOB FINISH <u>4:30</u>
LEASE <u>Ruby</u>		WELL # <u>2</u>	LOCATION <u>Old 160+ Hazelton Rd,</u>	COUNTY <u>Barber</u>		STATE <u>KS</u>	
OLD OR NEW (Circle one)			<u>19 22, 19 14E</u>				

CONTRACTOR Duke "S"
 TYPE OF JOB Production
 HOLE SIZE 7 7/8 T.D.
 CASING SIZE 5 1/2 x 15.5 DEPTH 4772
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 1400 MINIMUM 150
 MEAS. LINE _____ SHOE JOINT 30
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT 113 Blk 28 KLL

OWNER Molz Oil Co.
 CEMENT
 AMOUNT ORDERED 3 5x 10:40:6
150 5x 15 15" 101-seal 1 1/2" 10-seal
500 Gal 45T 12 Gal Chloro
 COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____ @ _____

EQUIPMENT

PUMP TRUCK CEMENTER Carl Paffner
 # 302 HELPER Eric Brewer
 BULK TRUCK
 # 364 DRIVER Mitch Wells
 BULK TRUCK
 # _____ DRIVER _____

TOTAL _____

REMARKS:
Run Pump + Break Circulation
Circulate for 30 minutes
Run 500 Gal 45T 1 1/2" 10-seal
100 5x 15 15" 101-seal 1 1/2" 10-seal
150 5x 15 15" 101-seal 1 1/2" 10-seal
wash out pump + line + release plug
Displace with 113 Blk 28 KLL
Plugging plug 1 that 113

SERVICE

DEPTH OF JOB 4772
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE _____ @ _____
 PLUG Address @ _____
 _____ @ _____
 _____ @ _____
 TOTAL _____

CHARGE TO: Molz Oil Co.
 STREET _____
 CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

1 Reg Guide shoe @ _____
1 10" 10-seal @ _____
7 Circulators @ _____
1 Basket @ _____
 _____ @ _____

To Allied Cementing Co., Inc.
 You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TOTAL _____

TAX _____
 TOTAL CHARGE _____
 DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE [Signature]

Ron Molz
 PRINTED NAME