

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION OR RECOMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

007-01,016 -00-01

API NO. 15-.....
County Barber
NW NW NW 13 34 12 East
..... Sec..... Twp..... Rge..... West

Operator: License # 6006
Name Molz Oil Company
Address RR #2 Box 54
Kiowa, KS 67070
City/State/Zip

4950 Ft North from Southeast Corner of Section
4950 Ft West from Southeast Corner of Section
(Note: Locate well in section plat below)

Purchaser.....

Lease Name Harbaugh Well # 2

Operator Contact Person Jim Molz
Phone 316-296-4558

Field Name Stranathan

Contractor: License # 5418
Name Allen Drilling Co.

Producing Formation D. & A.

Wellsite Geologist N/A
Phone.....

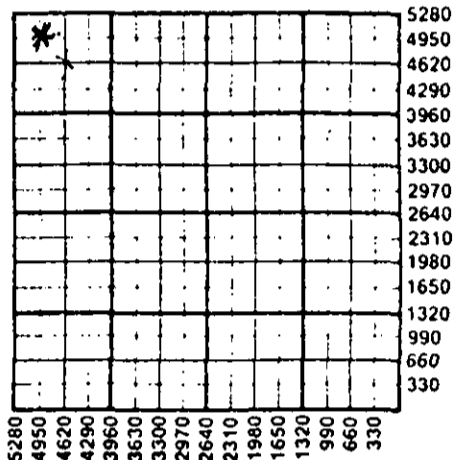
Elevation: Ground 1438 KB 1446

Designate Type of Completion
New Well Re-Entry Workover

Oil SWD Temp Abd
Gas Inj Delayed Comp.
X Dry Other (Core, Water Supply etc.)

If OWO: old well info as follows:
Operator Flynn Oil Company
Well Name Humphrey #1
Comp. Date 1-28-49 Old Total Depth 5337

Section Plat



WATER SUPPLY INFORMATION

Disposition of Produced Water: Disposal
Docket # Repressuring

Questions on this portion of the ACO-1 call:
Water Resources Board (913) 296-3717

Source of Water:
Division of Water Resources Permit #.....
Groundwater.....Ft North from Southeast Corner (Well)Ft West from Southeast Corner of Sec Twp Rge East West
Surface Water.....Ft North from Southeast Corner (Stream, pond etc).....Ft West from Southeast Corner Sec Twp Rge East West
Other (explain).....
(purchased from city, R.W.D. #)

WELL HISTORY

Drilling Method:
X Mud Rotary Air Rotary Cable
12-04-86 12-06-86 12-06-86
Spud Date Date Reached TD Completion Date
5337
Total Depth PBD

Amount of Surface Pipe Set and Cemented at 415 feet
Multiple Stage Cementing Collar Used? Yes X No
If yes, show depth set.....feet
If alternate 2 completion, cement circulated from.....feet depth to.....w/.....SX cmt
Cement Company Name OWO
Invoice #

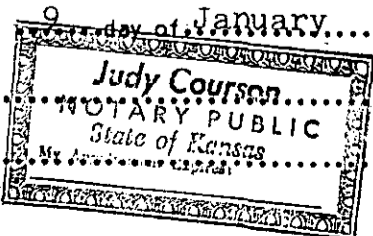
INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 apply. Information on side two of this form will be held confidential 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 drillers time log shall be attached with this form. 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 1-9-87

Subscribed and sworn to before me this 9 day of January, 1987

Notary Public Judy Courson
Date Commission Expires 5/11/89



K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Drillers Timelog Received
Distribution
KCC SWD/Rep NGPA
KGS Plug Other (Specify)

Sec 13 Twp 34 Rge 12W

Operator Name Lease Name.....Well #.....

Sec..... Twp..... Rge..... East West County.....

WELL LOG

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken Yes No
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No

Formation Description
 Log Sample

Name Top Bottom

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
.....
.....
.....
PERFORATION RECORD				Acid, Fracture, Shot, Cement Squeeze Record			
Shots Per Foot	Specify Footage of Each Interval Perforated			(Amount and Kind of Material Used)		Depth	
.....	
.....	
.....	
TUBING RECORD				Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of First Production	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (explain).....						
Estimated Production Per 24 Hours	Oil	Gas	Water	Gas-Oil Ratio	Gravity		
	Bbls	MCF	Bbls	CFPB			

METHOD OF COMPLETION

Production Interval

Disposition of gas: Vented Open Hole Perforation
 Sold Other (Specify)
 Used on Lease Dually Completed
 Commingled