

ORIGINAL

SIDE ONE

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

Operator: License # 6006

Name: MOLZ OIL COMPANY

Address R.R. #2, Box 54
Kiowa, KS 67070

City/State/Zip _____

Purchaser: N/A

Operator Contact Person: Jim Molz

Phone (316) 296-4558

Contractor: Name: ALLEN DRILLING COMPANY

License: 5418

Wellsite Geologist: _____

Designate Type of Completion

New Well Re-Entry Workover

P & A SWD Temp. Abd.

Oil Gas Inj Delayed Comp.

Dry Other (Core, Water Supply, etc.)

-If OWO: old well info as follows:

Operator: N/A

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:

Mud Rotary Air Rotary Cable

1/28/91 1/28/91 1/30/91

Spud Date Date Reached TD Completion Date

API NO. 15- 033-20,806-00-00

County Comanche

App NE NE NE Sec. 13 Twp. 31 Rge. 19 East West

4770 Ft. North from Southeast Corner of Section

375 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

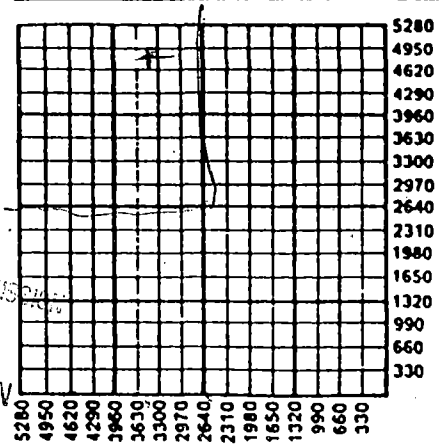
Lease Name PAULINE Well # 1

Field Name _____

Producing Formation P & A - lost hole

Elevation: Ground _____ KB _____

Total Depth 635 PBDT --



Amount of Surface Pipe Set and Cemented at 385 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.

RECEIVED
 STATE CORPORATION COMMISSION
 OIL & GAS CONSERVATION DIVISION
 WICHITA, KANSAS
 02-11-1992
 FEB 1 1992

ATI P&A

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. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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 5/3/91

Subscribed and sworn to before me this 3 day of May, 19 91.

Notary Public _____

Date Commission Expires 4-12-93

K.C.C. OFFICE USE ONLY		
F	Letter of Confidentiality Attached	
C	Wireline Log Received	
C	Drillers Timelog Received	
Distribution		
<input checked="" type="checkbox"/>	KCC	<input type="checkbox"/> SWD/Rep
<input type="checkbox"/>	KGS	<input type="checkbox"/> Plug
		<input type="checkbox"/> NGPA
		<input type="checkbox"/> Other
		(Specify)

SIDE TWO

Operator Name MOLZ OIL CO. Lease Name PAULINE Well # 1

Sec. 13 Twp. 31 Rge. 19 East West
 County Comanche

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets.) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Submit Copy.)	<p style="text-align: center;">Formation Description</p> <p style="text-align: center;"><input type="checkbox"/> Log <input type="checkbox"/> Sample</p> <p>Name _____ Top _____ Bottom _____</p>
--	--

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
conductor	14-3/4"	10-3/4"		385	common	100	
					BJ lite	140	
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			
	Size	Set At	Packer At				
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 Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity		

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION

Open Hole Perforation Dually Completed Commingled

Other (Specify) _____

Production Interval _____

2019/11/14