



1221318

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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

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				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
 Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

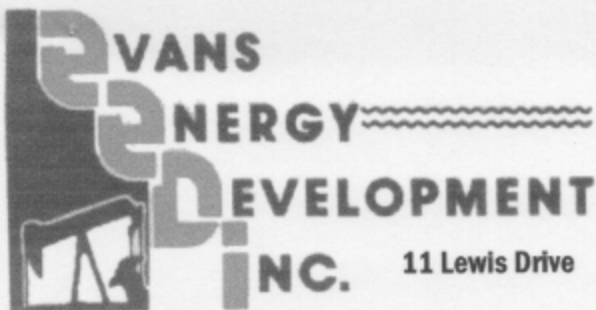
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input 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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Commingled <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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11 Lewis Drive

Paola, KS 66071

**Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation**

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

Tailwater, Inc.

North Kempnich #52-T

API #15-003-26,260

August 5 - August 6, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
5	soil & clay	5
7	clay & gravel	12
6	clay	18
50	shale	68
31	lime	99
5	shale	104
4	lime	108
62	shale	170
9	lime	179
7	shale	186
34	lime	220
7	shale	227
22	lime	249
3	shale	252
22	lime	274 base of the Kansas City
31	shale	305
39	sand	344 grey, no oil
105	shale	449
4	lime	453
4	shale	457
8	lime	465 oil show
15	shale	480
10	oil sand	490 green, good bleeding
1	coal	491
4	shale	495
15	oil sand	510 green, good bleeding
4	shale	514
1	coal	515
6	shale	521
7	lime	528
14	shale	542
4	lime	546
19	shale	565
13	lime	578
18	shale	596
4	lime	600
23	shale	623
0.5	broken sand	623.5 brown & green 90% bleeding

5	oil sand	628.5 brown 90% bleeding
0.5	broken sand	629 brown & green 80% bleeding
23	shale	652 TD

Drilled a 9 7/8" hole to 21.6'

Drilled a 5 5/8" hole to 652'

Set 21.6' of 7" surface casing threaded and coupled cemented with 5 sacks of cement.

Set 646.2' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe and 1 clamp.

Core Times

	<u>Minutes</u>	<u>Seconds</u>
624		38
625		30
626		35
627		33
628		31
629		30
630		27
631		31
632		26
633		34
634		39
635		38
636		28
637		29
638		30

Hurricane Services, Inc.
 104 Prairie Plaza Parkway
 Garnett, KS 66032
 Office # 785-448-3100
 Toll Free # 855-718-8027

NKAFE



HURRICANE SERVICES INC
 OILFIELD SERVICES

Ticket Nº 50267
 Location Garnett
 Foreman Dwayne / Joe

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
8/6/14		North Kempnich #52-T		Anderson
Customer		Mailing Address	City	State Zip
Martinoil Properties				

Job Type:

Truck #	Driver
231	Alex
242	Danny
149	Tom
25	Dwayne

Quantity Or Units	Description of Services or Product	Pump charge	
5 mi	Mileage Cement Pump	\$3.25/Mile	NK
5 mi	Foreman Pickup	1.5 mi	NK
95 Sacks	50/50 Poz mix	11.30 sk	1073 ⁵⁰ / ₁₀₀
164 lb	Prem Gel 2%	.30 lb	49. ²⁰ / ₁₀₀
200 lb	Prem Gel Flush	.30 lb	60 ⁰⁰ / ₁₀₀
24 lb	Flo seal	2.15	51 ⁶⁰ / ₁₀₀
3700 Gal	City Water	1.3 \$/gal	48 ¹⁰ / ₁₀₀
1.5 hr	Water Truck	105 ⁰⁰ / ₁₀₀ hr	157 ⁵⁰ / ₁₀₀
3.99 Tons	Bulk Truck Min Delivery	\$1.15/Mile	300 ⁰⁰ / ₁₀₀
1	Plugs 2 1/2 Top Rubber Plug	25 ⁰⁰ / ₁₀₀	25 ⁰⁰ / ₁₀₀
		Subtotal	2554 ⁹⁰ / ₁₀₀
		7.8% Sales Tax	101 ⁹⁸ / ₁₀₀
		Estimated Total	2656 ⁸⁸ / ₁₀₀

PAID
8/7/14
#1003

Remarks: took onto casing and Establish circulation Pump 10 BBl Gel Flush Followed By 20 BBl water and Then start cement Pump 95 Sacks of cement, stop and Flush Pump Then Pump wiper Plug to Bottom and set float shoes Then shut In well O PSE

Thanks *Dwayne* Less 5% Pay After Job - 2524 ⁰⁴/₁₀₀