

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1224067

Form ACO-1

August 2013

Form must be Typed  
Form must be Signed  
All blanks must be Filled

**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Purchaser: \_\_\_\_\_

Designate Type of Completion:

- |  |   |                                     |
|--|---|-------------------------------------|
| <input type="checkbox"/> New Well              | <input type="checkbox"/> Re-Entry                         | <input type="checkbox"/> Workover   |
| <input type="checkbox"/> Oil                   | <input type="checkbox"/> WSW                              | <input type="checkbox"/> SWD        |
| <input type="checkbox"/> Gas                   | <input type="checkbox"/> D&A                              | <input type="checkbox"/> ENHR       |
| <input type="checkbox"/> OG                    | <input type="checkbox"/> GSW                              | <input type="checkbox"/> Temp. Abd. |
| <input type="checkbox"/> CM (Coal Bed Methane) |   |                                     |
| <input type="checkbox"/> Cathodic              | <input type="checkbox"/> Other (Core, Expl., etc.): _____ |                                     |

If Workover/Re-entry: Old Well Info as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

- |  |                                       |  |                                       |
|--|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Deepening       | <input type="checkbox"/> Re-perf.     | <input type="checkbox"/> Conv. to ENHR     | <input type="checkbox"/> Conv. to SWD |
| <input type="checkbox"/> Plug Back       | <input type="checkbox"/> Conv. to GSW | <input type="checkbox"/> Conv. to Producer |                                       |
| <input type="checkbox"/> Commingled      | Permit #: _____                       |  |                                       |
| <input type="checkbox"/> Dual Completion | Permit #: _____                       |  |                                       |
| <input type="checkbox"/> SWD             | Permit #: _____                       |  |                                       |
| <input type="checkbox"/> ENHR            | Permit #: _____                       |  |                                       |
| <input type="checkbox"/> GSW             | Permit #: _____                       |  |                                       |

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ ☐ East ☐ West

\_\_\_\_\_ Feet from ☐ North / ☐ South Line of Section

\_\_\_\_\_ Feet from ☐ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☐ SE ☐ SW

GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Vertical Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ 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: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ ☐ East ☐ West

County: \_\_\_\_\_ Permit #: \_\_\_\_\_

**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.

Submitted Electronically

**KCC Office Use ONLY**

☐ Confidentiality Requested

Date: \_\_\_\_\_

☐ Confidential Release Date: \_\_\_\_\_

☐ Wireline Log Received

☐ Geologist Report Received

☐ UIC Distribution

ALT ☐ I ☐ II ☐ III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

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](mailto: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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name	Top	Datum
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:					

<div style="text-align: center;"> <b>CASING RECORD</b> <input type="checkbox"/> New    <input type="checkbox"/> Used         </div> <div style="text-align: center;">           Report all strings set-conductor, surface, intermediate, production, etc.         </div>							
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 (Amount and Kind of Material Used)	Depth

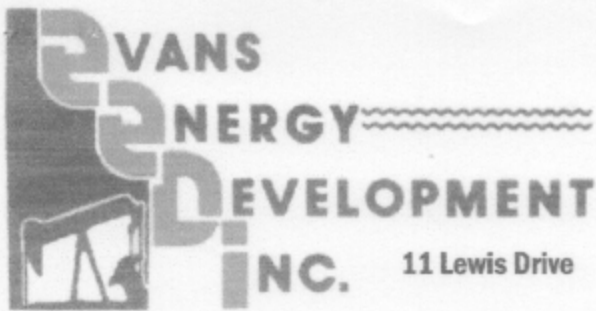
TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run:			
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of First, Resumed Production, SWD or ENHR.			Producing Method:					
			<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____					
Estimated Production Per 24 Hours	Oil	Bbbs.	Gas	Mcf	Water	Bbbs.	Gas-Oil Ratio	Gravity

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented    <input type="checkbox"/> Sold    <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>		<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole    <input type="checkbox"/> Perf.    <input type="checkbox"/> Dually Comp.    <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i></p> <p><input type="checkbox"/> Other <i>(Specify)</i> _____</p>	<p>PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p>
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Form	ACO1 - Well Completion
Operator	Tailwater, Inc.
Well Name	North Kempnich 53-T
Doc ID	1224067

#### Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	9.8750	7	17	22	Portland	5	
Completion	5.620	2.8750	6.45	653	Portland	95	50/50 POZ



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 #53-T

API #15-003-26,259

August 6 - August 7, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
6	soil & clay	6
10	clay & gravel	16
53	shale	69
27	lime	96
17	shale	113
5	lime	118
49	shale	167
10	lime	177
6	shale	183
34	lime	217
6	shale	223
24	lime	247
3	shale	250
22	lime	272 base of the Kansas City
38	shale	310
30	sand	340 grey, no oil
110	shale	450
2	lime	452
3	shale	455
10	lime	465 oil show
9	shale	474
9	oil sand	483 green light bleeding
5	broken sand	488 brown & grey light bleeding
1	coal	489
3	shale	492
8	broken sand	500 brown & grey light bleeding
9	oil sand	509 green good bleeding
4	shale	513
1	coal	514
6	shale	520
7	lime	527
14	shale	541
3	lime	544
22	shale	566
10	lime	576
19	shale	595
5	lime	600
22	shale	622

0.5	broken sand	622.5 brown & green ok bleeding
2.5	oil sand	625 brown, good bleeding
3	broken sand	628 brown & green ok bleeding
25	shale	653 TD

Drilled a 9 7/8" hole to 21.7'

Drilled a 5 5/8" hole to 653'

Set 21.7' of 7" surface casing threaded and coupled cemented with 5 sacks of cement.

Set 648.2' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe and 1 clamp.

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



Ticket Nº 50364  
Location \_\_\_\_\_  
Foreman Joe Blanchard

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
8-8-14		53-T North Kempnich	22-20-20	Anderson
Customer		Mailing Address	City	State Zip
Martin Oil Properties				

Job Type:

Truck #	Driver
26	Joe
231	Tom
240	DAN
108	Alex
111	Tyler
Extra	TJ

Quantity Or Units	Description of Services or Product	Pump charge	
5 mi	Mileage Cement Pump #231	\$3.25/Mile	NC
5 mi	Pick up #26	1.50	NC
95 sk	50/50 Poz Mix	11.00	1073.00
164 LB	Prem Gel 2%	.30	49.20
200 LB	Prem Gel Flush	.30	60.00
24 LB	Flo seal	2.15	51.60
3700 gal	Garnett water	1.34	48.10
1 hr	80 vac #108	78.75	78.75
1 hr	80 vac #111	78.75	78.75
3.99 Tons	Bulk Truck MIN Delivery #240	\$1.15/Mile	150.00
1	Plugs 2 7/8 Top Plug		25.00
		Subtotal	
		Sales Tax	
		Estimated Total	2250.00

Remarks: Hook onto well achieved circulation. Pump 10 bbl gel Flush. Followed By 20 BBL water Followed by 95 SKS Cement. Flush pump. Pumped wiper Plug to bottom. Set float shoe. Good Cement to Surface. THANKS.

Bid Price. Paid by check on 8-7-14

Customer Signature

PAID  
#1003