



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1225105
OIL & GAS CONSERVATION DIVISION

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:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., 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 Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- 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: _____

1225105

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 <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:				

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)*

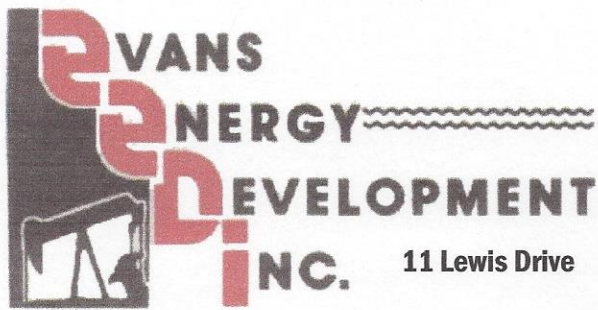
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> _____	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 #56-T

API #15-003-26,268

August 11 - August 13, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
14	soil & clay	14
4	clay & gravel	18
57	shale	75
30	lime	105
66	shale	171
10	lime	181
6	shale	187
34	lime	221
7	shale	228
23	lime	251
3	shale	254
21	lime	275 base of the Kansas City
31	shale	306
27	sand	333 grey no oil
118	shale	451
3	lime	454
6	shale	460
5	lime	465 good bleeding
11	shale	476
15	broken sand	491 brown & green light bleeding
1	coal	492
4	shale	496
14	oil sand	510 green good bleeding
4	shale	514
1	coal	515
4	shale	519
8	lime	527
14	shale	541
4	lime	545
50	shale	595
2	lime	597
26	shale	623
1.5	broken sand	624.5 brown & green 70% bleeding
2	broken sand	626.5 brown & green a few thin bleeding seams
33.5	shale	660
1	lime & shells	661
10.5	broken sand	671.5 brown & grey 50% bleeding
66.5	shale	738 TD

Drilled a 9 7/8" hole to 21.5'

Drilled a 5 5/8" hole to 738'

Set 21.5' of 7" surface casing threaded and coupled cemented with 5 sacks of cement.

Set 728.3' 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>		<u>Minutes</u>	<u>Seconds</u>
624		46	662		27
625		43	663		28
626		36	664		26
627		38	665		29
628		36	666		31
629		39	667		23
630		48	668		27
631		37	669		28
632		37	670		29
633		39	671		34
634		37	672		31
635		40	673		30
636		35	674		29
637		40	675		30
638		30	676		32
			677		31
			678		33

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



Ticket Nº 50370
 Location _____
 Foreman Joe Blanchard

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
8-14-14		N. Kempnich 56-T	22 20 20	Anderson
Customer		Mailing Address	City	State Zip
Martin oil Properties				

Job Type:

Truck #	Driver
26	Joe
231	Tom
108	Jeff .G
110	Scott
242	Amos

Longstring	Casing TD 728
Hole Size: 5 5/8	Casing Size: 2 7/8
Hole Depth: 738	Casing Weight:
Bridge Plug:	Tubing:
Packer:	PBTD:

Displacement: 3.7	231	Joe
Displacement PSI: 450	108	Tom
Cement Left in Casing: 0	110	Jeff .G
	242	Scott
		Amos

Quantity Or Units	Description of Services or Product	Pump charge	
0 mi	Mileage Pump truck #231	\$3.25/Mile	NC
0 mi	Pick up #26	1.50	NC
105 SK	50/50 Poz mix	11.30	1186.50
210 LB	Prem Gel 2%	.30	63.00
200 LB	Prem Gel Sweep	.30	60.00
26 LB	Flo Seal	2.15	55.20
3400 Gal	Garnett water	1.35	44.20
1 hr	80 vac #110	84.00	84.00
1 hr	80 vac #108	84.00	84.00
4.41 Tons	Bulk Truck Minimum Charge	\$1.15/Mile	150.00
1	Plugs 2 7/8 Top Plug	25.00	25.00
		Subtotal	2427.00
		Sales Tax	
		Estimated Total	

Remarks: Hook onto well achieved circulation. Pumped 10 bbl Gel Sweep
Followed by 17 bbl water & 105 SKs of 50/50 Poz Cement.
Flush pump. Pumped Top Plug to bottom & set float shoe.
Good Cement to Surface.

Wells are deeper then Previous wells thats why more cement used.