



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1230330
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: _____

1230330

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)*

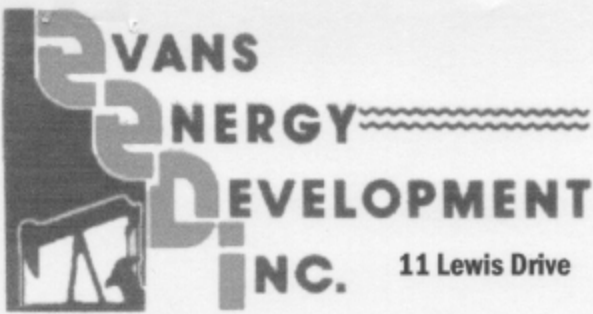
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> <i>(Submit ACO-4)</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 #24-IWU

API #15-003-26,250

August 20 - August 21, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
10	soil & clay	10
4	clay & gravel	14
93	shale	107
26	lime	133
70	shale	203
10	lime	213
6	shale	219
34	lime	253
7	shale	260
23	lime	283
3	shale	286
21	lime	307 base of the Kansas City
33	shale	340
13	sand	353 grey no oil
127	shale	480
2	lime	482
2	shale	484
3	lime	487
8	shale	495
8	lime	503 oil show
9	shale	512
7	oil sand	519 green light bleeding
7	shale	526
1	coal	527
1	shale	528
17	oil sand	545 green good bleeding
5	shale	550
1	coal	551
4	shale	555
4	lime	559
17	shale	576
4	lime	580
20	shale	600
8	lime	608
47	shale	655
2	broken sand	657 brown & green good bleeding
2	oil sand	659 brown good bleeding
1	broken sand	660 brown & green, good bleeding
35	shale	695

1	lime & shells	696
4	oil sand	700 brown good bleeding
5	broken sand	705 brown & grey good bleeding
28	shale	733
2	sand	735 white, no oil
55	shale	790 with white sandy seams
2	broken sand	792 brown & grey oil odor
3	shale	795
4	broken sand	799 brown & grey oil odor
2	shale	801
2	sand	803 black no oil
12	silty shale	815
5	sand	820 grey no oil
55	sand	875 white no oil
25	shale	900 TD

Drilled a 9 7/8" hole to 21'

Drilled a 5 5/8" hole to 900'

Set 21' of 7" surface casing threaded and coupled cemented with 5 sacks of cement.

Set 850' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe and 1 clamp.

3613A Y Road
 Madison, KS 66860
 Ph: 620-437-2661
 Fax: 620-437-2881



HURRICANE SERVICES INC

104 Prairie Plaza Parkway
 Garnett, KS 66032
 Ph: 785-448-3100
 Fax: 785-448-3102

FED ID# 48-1214033
 MC ID# 165290

Remit to: Hurricane Services, Inc.
 250 N. Water, Suite 200
 Wichita, KS 67202

Customer:

MARTIN OIL PROPERTIES
 % CHRISTIAN MARTIN
 6421 AVONDALE DR., STE 212
 OKLAHOMA CITY, OK 73116-6428

Invoice Date: 8/21/2014
 Invoice #: 0014506
 Lease Name: N KEMPNICH
 Well #: IWV-24
 County: ANDERSON

Date/Description	HRS/QTY	Rate	Total
See ticket 50376 of JB	1.000	675.000	675.00
Cement Pozmix 50/50	120.000	11.300	1,356.00 T
Gel 2%	240.000	0.300	72.00 T
Gel flush	200.000	0.300	60.00 T
Flocele	30.000	2.150	64.50 T
Vac truck #111	1.000	84.000	84.00
Vac truck #108	1.000	84.000	84.00
City water	4,600.000	0.013	59.80
Bulk truck #242	1.000	150.000	150.00
Top rubber plug 2 7/8"	1.000	25.000	25.00 T
10% Discount per Kevin Miller	1.000	263.030-	263.03-

Net Invoice	2,367.27
Sales Tax: (7.65%)	120.68
Total	2,487.95

All invoices are due upon receipt. Interest at the rate of 1 1/2% per month may be charged on all invoices not paid within 30 days from date of invoice.

WE APPRECIATE YOUR BUSINESS!

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



Ticket Nº 50376
 Location _____
 Foreman Joe Blankhard

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
8-21-14		N. Kempnich IWU-24		Anderson
Customer Martin Oil Properties		Mailing Address	City State Zip	

Job Type:	Truck #	Driver
Longstring	230	Alex
Hole Size: 5 7/8	242	Amos
Hole Depth: 900	26	Joe
Bridge Plug:	108	Tom
Packer:	111	Tyler

Quantity Or Units	Description of Services or Product	Pump charge	
0 mi	Mileage Pump truck # 230	\$3.25/Mile	NC
0 mi	Pick up #26	1.50	NC
120 SK	50/50 Poz Mix	11.20	1356.00
240 LB	Prem Gel 2%	.30	72.00
200 LB	Prem Gel Sweep	.30	60.00
30 LB	Flo Seal	2.15	64.50
1 hr	80 vac #111	84.00	84.00
1 hr	80 vac #108	84.00	84.00
4600 Gal	Garnett water	1.3¢	59.80
5.04 Tons	Bulk Truck Minimum Charge # 242	\$1.15/Mile	150.00
1	Plugs 2 7/8 Top Plug	25.00	25.00
	Subtotal	2430.30	2,367.27
	10% discount -10% 263.03	Sales Tax	120.68
		Estimated Total	2,487.95

Remarks: Hook onto well achieved circulation Pumped 20 bbl Gel sweep followed by 15 bbl water & 120 SKS 50/50 Poz mix cement. Flush Pump. Pumped Plug to bottom of float shoe.

Cement TO surface.