



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1234395
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: _____

1234395

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <i>(Explain)</i> _____						
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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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: 10/22/2014
Invoice #: 0015179
Lease Name: S KEMPNICH
Well #: 1-IWV
County: ANDERSON

Date/Description	HRS/QTY	Rate	Total
See ticket 50421 of JB	1.000	675.000	675.00
Cement Pozmix 50/50	118.000	11.300	1,333.40 T
Gel 2%	236.000	0.300	70.80 T
Gel sweep	200.000	0.300	60.00 T
FLO Seal	30.000	2.150	64.50 T
City water	4,600.000	0.013	59.80
Vac truck #108	1.000	84.000	84.00
Vac truck #110	1.000	84.000	84.00
Bulk truck #241	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	260.650-	260.65-

Net Invoice 2,345.85
Sales Tax: (7.65%) 118.86
Total 2,464.71

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 50421
 Location _____
 Foreman Joe Blanchard

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
10-22-14		S. Kempnich 2-IWU		Anderson
Customer Martin Oil Properties		Mailing Address	City	State Zip

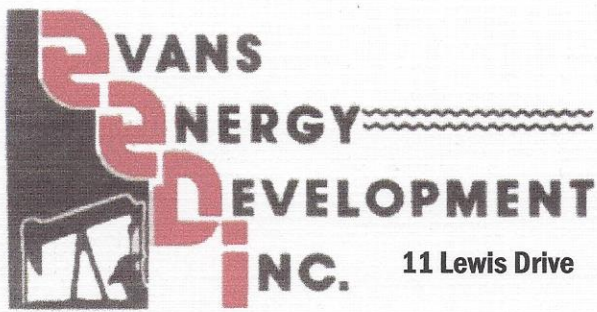
Job Type:

Longstring	Casing TD	Truck #	Driver
25 7/8	857	26	Joe
Hole Size: 25 7/8	Casing Size: 2 7/8	231	Tom
Hole Depth: 900	Casing Weight:	108	Jeff
Bridge Plug:	Tubing:	110	AMOS
Packer:	PBTD:	241	Troy

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
118 SK	50/50 Poz C/50/50	11.30	1333.40
236 LB	Prem Gel 2% PO1500	.30	70.80
200 LB	Prem Gel Sweep PO1500	.30	60.00
30 LB	Flo Seal PO1611	2.15	64.50
4600 Gal	Garnett water	1.3	59.80
1 hr	80 vac #108	84.00	84.00
1 hr	80 vac #110	84.00	84.00
4.9 Tons	Bulk Truck MINIMUM charge # 241	\$1.15/Mile	150.00
1	Plugs 2 7/8 Top Plug PO 1631	25.00	25.00
	2606.50	Subtotal	2345.85
	- 260.65 10% Discount	Sales Tax	118.86
		Estimated Total	2,464.71

Remarks: Hook onto casing. achieved circulation. Pump 15 bbl gel sweep followed by 15 bbl water spacer & 118 SKS 50/50 poz. Flush pump. Pump Plug to bottom & set float shoe.

Cement to surface.



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.

South Kempnich # 1-IWU

API #15-003-26,365

October 20 - October 21, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
9	soil & clay	9
4	clay & gravel	13
96	shale	109
30	lime	139
68	shale	207
10	lime	217
6	shale	223
34	lime	257
7	shale	264
20	lime	284
3	shale	287
21	lime	308 base of the Kansas City
172	shale	480
2	lime	482
3	shale	485
2	lime	487
6	shale	493
7	lime	500 oil show
9	shale	509
11	oil sand	520 green, light bleeding
5	shale	525
1	coal	526
2	shale	528
17	oil sand	545 green, good bleeding
4	shale	549
2	coal	551
3	shale	554
3	lime	557
19	shale	576
4	lime	580
20	shale	600
8	lime	608
49	shale	657
1	limy sand	658
0.5	broken oil sand	658.5 brown & green thin bleeding seams
1.5	sand	660 green, no oil
2	broken sand	662 brown & green 50% bleeding
1	shale	663
1.5	broken sand	664.5 brown & green, couple thin bleeding seams 90% shale

30.5	shale	695
1	lime & shells	696
6	oil sand	702 brown light bleeding
2	broken sand	704 brown & grey light bleeding
86	shale	790
15	sand	805 brown, no oil
45	sand	850 grey, no oil
8	shale	858
5	sand	863 white, no oil
37	shale	900 TD

Drilled a 9 7/8" hole to 22.6'

Drilled a 5 5/8" hole to 900'

Set 22.6' of 7" surface casing with 5 sacks of cement.

Set 856.4' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, and 1 clamp.