



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1234424
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: _____

1234424

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> _____	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: 10/29/2014
Invoice #: 0015365
Lease Name: S KEMPNICH
Well #: 7 IWU
County: ANDERSON

Date/Description	HRS/QTY	Rate	Total
See ticket 100449 of DL	1.000	675.000	675.00
Cement Pozmix 50/50	88.000	11.300	994.40 T
Bentonite Gel	148.000	0.300	44.40 T
Gel sweep	200.000	0.300	60.00 T
FLO Seal	22.000	2.150	47.30 T
City water	4,620.000	0.013	60.06
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	205.620-	205.62-
BID PRICE	0.000	0.000	0.00

Net Invoice 1,850.54
Sales Tax: (7.65%) 89.59
Total 1,940.13

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.
 3613 A Y Road
 Madison, KS 66860
 Office # 620-437-2661
 Brad Cell # 620-437-6765



Ticket Number 100449
 Location _____
 Foreman Dwayne

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
10/29/14		S. Kempnich 7EW4	22/20/20	Anderson
Customer Martinoil Properties		Mailing Address	City	State Zip

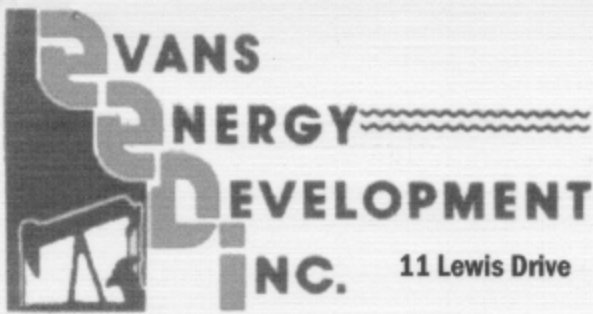
Job Type:

		Truck #	Driver
Long String	Casing TD 650'	230	Alex
Hole Size: 5 3/4"	Casing Size: 2 1/2"	241	TRoy
Hole Depth: 655'	Casing Weight:	110	Amos
Bridge Plug:	Tubing:	108	Jessie
Packer:	PBDT:	25	Dwayne

Quantity Or Units	Description of Services or Product	Pump charge	
	Mileage Cement Pump	\$3.25/Mile	100
	Foreman Pickup	1.5	N/C
88 Sacks	50/50 Poz Mix	11 ³⁰ / ₁₀₀ Lb	994.40 T
148 Lb	Prem Gel 2%	.30 Lb	44.40 T
200 Lb	Prem Gel Flush	.30 Lb	60.00 T
22 Lb	Flo Seal 1/4 Lb per SK	2.15 Lb	47.30 T
4620 Gal	City Water		60.00
3.69 Tons	Bulk Truck Minimum Delivery	\$1.15/Mile	150.00
1	Plugs 2 3/8 Top Rubber Plug		25.00 T
	10% DC	Subtotal	
	bsd price	Sales Tax	
		Estimated Total	

Remarks: Hook onto casing and Establish Circulation Pump 10 BBL Gel Flush Followed By 15 BBL Pad and Start Cement Pump 88 Sacks of Cement Stop and Flush Pump then Pump Wiper Plug to Bottom and Set Float Shoe. Shut IN O.P.S.E.

33 BBL to Pit



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 # 7-IWU

API #15-003-26,378

October 28 - October 29, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
13	soil & clay	13
3	clay & gravel	16
52	shale	68
27	lime	95
16	shale	111
5	lime	116
49	shale	165
10	lime	175
5	shale	180
36	lime	216
5	shale	221 oil show
25	lime	246
3	shale	249
23	lime	272 base of the Kansas City
177	shale	449
4	lime	453
4	shale	457
8	lime	465 oil show
12	shale	477
3	oil sand	480 green light oil show
6	shale	486
1	coal	487
2	shale	489
21	oil sand	510 green, good bleeding
4	shale	514
2	coal	516
3	shale	519
7	lime	526
6	shale	532
2	lime	534
8	shale	542
4	lime	546
24	shale	570
4	lime	574
22	shale	596
4	lime	600
21	shale	621

1	limey sand	622 green, no oil
6	broken sand	628 brown & grey, good bleeding
3	broken sand	631 brown & grey light bleeding
1	broken sand	632 black & green good bleeding
23	shale	655 TD

Drilled a 9 7/8" hole to 22.5'

Drilled a 5 5/8" hole to 655'

Set 22.5' of 7" surface casing with 5 sacks of cement.

Set 650' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, and 1 clamp.