



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1234431
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: _____

1234431

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)*

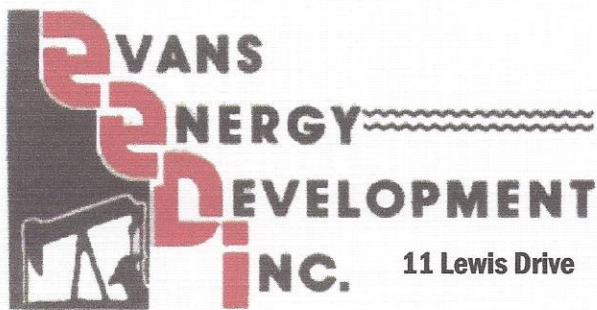
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> _____
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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.

South Kempnich # 13-IWU

API #15-003-26,384

October 309 - October 31, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
12	soil & clay	12
4	clay & gravel	16
57	shale	73
30	lime	103
66	shale	169
10	lime	179
7	shale	186
35	lime	221
6	shale	227
24	lime	251
3	shale	254
25	lime	279 base of the Kansas City
175	shale	454
3	lime	457
7	shale	464
7	lime	471 oil show
8	shale	479
9	oil sand	488 green, light oil show
4	shale	492
1	coal	493
2	shale	495
23	oil sand	518 green good bleeding
3	shale	521
2	coal	523
4	shale	527
4	lime	531
8	shale	539
2	lime	541
7	shale	548
4	lime	552
28	shale	580
3	lime	583
20	shale	603
4	lime	607
23	shale	630
1	limy sand	631 green, no oil
6	broken sand	637 brown & green, ok bleeding
1	broken sand	638 brown & green, light bleedin
17	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 650.2' of 2 7/8" 8 round upset tubing including 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: 10/31/2014
Invoice #: 0015364
Lease Name: S KEMPNICH
Well #: 13 IWU
County: ANDERSON

Date/Description	HRS/QTY	Rate	Total
See ticket 100450 of DL	1.000	675.000	675.00
Cement Pozmix 50/50	90.000	11.300	1,017.00 T
Bentonite Gel	151.000	0.300	45.30 T
Gel flush	200.000	0.300	60.00 T
FLO Seal	22.500	2.150	48.38 T
Vac truck #110	1.000	84.000	84.00
Vac truck #111	1.000	84.000	84.00
City water	4,200.000	0.013	54.60
Bulk truck #242	1.000	150.000	150.00
Top rubber plug 2 7/8"	1.000	25.000	25.00 T
10% Discount	1.000	224.330-	224.33-
BID PRICE	0.000	0.000	0.00

Net Invoice 2,018.95
Sales Tax: (7.65%) 91.47
Total 2,110.42

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 100450
 Location _____
 Foreman Dwayne Lowe

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
10/31/14		S. Kempnick 13 I W 4	22/20/20	Anderson
Customer		Mailing Address	City	State Zip
Martin Oil Prop				

Job Type:

Job Type:			Truck #	Driver
Long string			231	Alex
Hole Size: 5 5/8	Casing Size: 6.50'	Displacement: 3.77	242	TROY
Hole Depth: 655'	Casing Weight:	Displacement PSI:	110	JEFF
Bridge Plug:	Tubing:	Cement Left in Casing:	111	Tyler
Packer:	PBTD:		25	Dwayne

Quantity Or Units	Description of Services or Product	Pump charge	
3 mi	Mileage Cement Pump	\$3.25/Mile	NC
3 mi	Farman Pull		NC
90 SK	50/50 Poz mix	11.30/100	1017.00
151 Lb	Prem gel 2%	.30 LB	45.30
200 Lb	Prem Gel Flush	.30 LB	60.00
22, 5 Lb	Flo Seal	2.15	48.37
1 hr	Water TRUCK	84.00	84.00
1 hr	Water TRUCK	84.00	84.00
4200 Gal	City Water	1.3 gal	54.90
3.78 Tons	Bulk Truck Min Delivery	\$1.15/Mile	150.00
1	Plugs 2 7/8 Rubber Plug	25.00	25.00
		Subtotal	
	10% DC	Sales Tax	
		Estimated Total	

Remarks: Hook onto casing and Establish circulation Pump
 10 BBL Gel Flush Followed By 15 BBL Red and Start
 Cement Pump 90 Sacks Stop and Flush Pump Then
 Pump Wiper Plug to Bottom and Set Float Shoe
 { 3 BBL cement Return to Pit } Bid Price