



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1234434
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
-----------------------------------	-----------------	---

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: _____

1234434

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
--	---

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)*

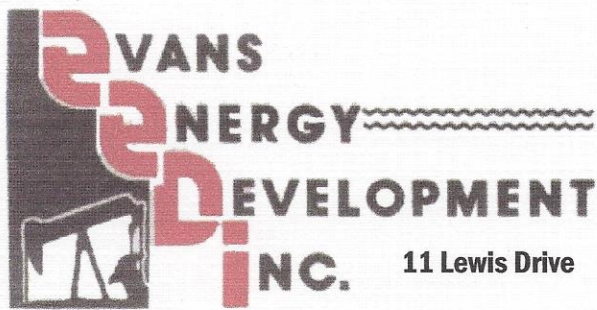
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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
----------------	-------	---------	------------	---

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: _____ _____
--	---	---



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 # 14-IWU

API #15-003-26,385

October 29 - October 30, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
14	soil & clay	14
4	clay & gravel	18
47	shale	65
28	lime	93
69	shale	162
10	lime	172
5	shale	177
38	lime	215
5	shale	220
24	lime	244
3	shale	247
24	lime	271 base of the Kansas City
176	shale	447
2	lime	449
8	shale	457
7	lime	464 oil show
11	shale	475
4	oil sand	479 green, light oil show
6	shale	485
1	coal	486
2	shale	488
21	oil sand	509 green, good bleeding
4	shale	513
2	coal	515
4	shale	519
3	lime	522
43	shale	565
7	lime	572
17	shale	589
6	lime	595
25	shale	620
5.5	broken sand	625.5 brown & green 90% bleeding
3.5	broken sand	629 brown & green a few thin bleeding seams
21	shale	650 TD

Drilled a 9 7/8" hole to 22.65'

Drilled a 5 5/8" hole to 650'

Set 22.65' of 7" surface casing with 5 sacks of cement.

Set 645' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, and 1 clamp.

Core Times

	<u>Minutes</u>	<u>Seconds</u>
620		30
621		43
622		39
623		29
624		18
625		28
626		26
627		26
628		28
629		26
630		28
631		51
632		25
633		26
634		34
635		24

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: 10/30/2014
Invoice #: 0015366
Lease Name: S KEMPNICH
Well #: 14 IWU
County: ANDERSON

Date/Description	HRS/QTY	Rate	Total
See ticket 50435 of JB	1.000	675.000	675.00
Cement Pozmix 50/50	96.000	11.300	1,084.80 T
Bentonite Gel	192.000	0.300	57.60 T
Gel sweep	200.000	0.300	60.00 T
FLO Seal	24.000	2.150	51.60 T
City water	4,600.000	0.013	59.80
Vac truck #110	1.000	84.000	84.00
Vac truck #111	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	233.180-	233.18-
BID PRICE	0.000	0.000	0.00

Net Invoice 2,098.62
Sales Tax: (7.65%) 97.85
Total 2,196.47

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 50435
 Location _____
 Foreman Joe Blanchard

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
10-30-14		S. Kempnich 14-IWU		Anderson
Customer	Mailing Address	City	State	Zip
Martin Oil Properties				

Job Type:

Job Type:			Truck #	Driver
Lengthening	Casing TD 650		26	Joe
Hole Size: 5 7/8	Casing Size: 2 7/8	Displacement: 3.75	231	TOM
Hole Depth: 650	Casing Weight:	Displacement PSI: 400	241	TROY
Bridge Plug:	Tubing:	Cement Left in Casing: 0	111	Tyler
Packer:	PBTD:		110	Jesse

Quantity Or Units	Description of Services or Product	Pump charge	
		675. ⁰⁰	
0 mi	Mileage Pump truck # 231	\$3.25/Mile	NC
0 mi	Pickup # 26	1. ⁰⁰	NC
96 SK	50/50 Poz C 50/50	11. ³⁰	1084. ⁸⁰
192 LB	Prem Gel 2% PO1500	.30	57. ⁶⁰
200 LB	Prem Gel Sweep PO1500	.30	60. ⁰⁰
24 LB	Flo Seal PO1611	2. ¹⁵	51. ⁶⁰
4600 Gal	Garnett water	1.3	59. ⁸⁰
1 hr	80 vac # C 11100	84. ⁰⁰	84. ⁰⁰
1 hr	80 vac C 11000	84. ⁰⁰	84. ⁰⁰
4.0 Tons	Bulk Truck minimum charge C 24100	\$1.15/Mile	150. ⁰⁰
1	Plugs 2 7/8 PO1631	25. ⁰⁰	25. ⁰⁰
	10% Discount	Subtotal	
	Bid Price	Sales Tax	
		Estimated Total	

Remarks: Hook onto Casing ... achieve circulation Pump 15
661 Gel Sweep followed by 15 bbl water spacer & 96 SKS 50/50
Poz. Flush pump. Pump Plug To bottom & set float shoe.

Cement to surface.