



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1234618
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: _____

1234618

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)*

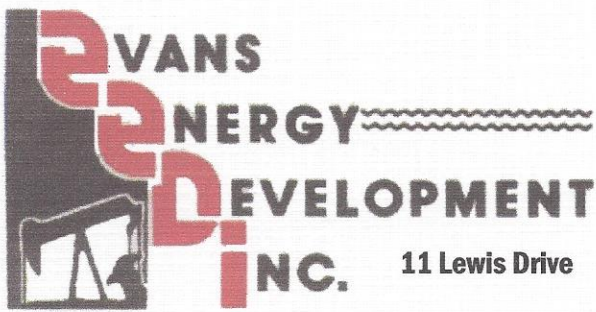
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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.

South Kempnich #17-L

API #15-003-26,199

October 6 - October 7, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
15	soil & clay	15
4	clay & gravel	19
46	shale	65
27	lime	92
69	shale	161
10	lime	171
6	shale	177
33	lime	210
6	shale	216
27	lime	243
3	shale	246
24	lime	270 base of the Kansas City
176	shale	446
4	lime	450
5	shale	455
8	lime	463 oil show
8	shale	471
10	oil sand	481 green, light bleeding
4	shale	485
1	coal	486
2	shale	488
20	oil sand	508 green ok bleeding
4	shale	512
2	coal	514
6	shale	520
5	lime	525
6	shale	531
3	lime	534
6	shale	540
4	lime	544
24	shale	568
11	lime	579
14	shale	593
2	lime	595
24	shale	619
1	limy sand	620 green & white no oil
6	broken sand	626 brown & green good bleeding
34	shale	660
1	lime & shells	661

4	oil sand	665 brown, good bleeding
2	broken sand	667 brown & grey ok bleeding
56	shale	723
1	broken oil sand	724 brown & grey light bleeding
12	shale	736
3	broken sand	739 brown & grey light bleeding
3	shale	742
4	broken sand	746 brown & grey light bleeding
1.5	shale	747.5
1	oil sand	748.5 brown, 90% bleeding
1	shale	749.5
2	broken sand	751.5 brown & grey 80% bleeding
4.5	oil sand	756 brown, 100% bleeding
1	limey sand	757 white, no oil
1	oil sand	758 black, no bleeding
2	oil sand	760 brown 90% bleeding
2	broken sand	762 brown & grey 5% bleeding
2	shale	764
0.5	broken sand	764.5 brown & grey 20% bleeding
3	oil sand	767.5 brown 100% bleeding
0.5	shale	768
1	broken sand	769 brown & grey 50% bleeding
0.5	shale	769.5
2.5	oil sand	772 brown 100% bleeding
1	shale	773
1.5	oil sand	774.5 brown 100% bleeding
1.5	shale	776
1	broken sand	777 brown & grey 40% bleeding
7	shale	784
5	oil sand	789 black & white light bleeding
5	silty shale	794
13	oil sand	807 brown good bleeding
10	broken sand	817 black & white light bleeding
7	shale	824
13	sand	837 white, no oil
24	shale	861 TD

Drilled a 9 7/8" hole to 22.6'

Drilled a 5 5/8" hole to 861'

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

Set 851' 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>		<u>Minutes</u>	<u>Seconds</u>
746		57	767		51
747		35	768		36
748		24	769		33
749		30	770		32
750		24	771		32
751		25	772		34
752		17	773		32
753		24	774		27
754		24	775		34
755		22	776		33
756	1	21	777		33
757		43	778		30
758		33	779		36
759		34	780		35
760		38	781		34
761		29	782		40
762		36	783		42
763		37	784		38
764		34	785		32
765		34			
766		33			

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: 10/8/2014
Invoice #: 0015103
Lease Name: S KEMPNICH
Well #: 17 L
County: ANDERSON

Date/Description	HRS/QTY	Rate	Total
See ticket 50413 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
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 #111	1.000	84.000	84.00
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-
BID PRICE	0.000	0.000	0.00

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 50413
 Location _____
 Foreman Joe Blanchard

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
10-8-14		S. Kempnich 17-L		Anderson
Customer		Mailing Address	City	State Zip
Martin Oil Properties				

Job Type:

			Truck #	Driver
Longstring	Casing TD 851		26	Joe
Hole Size: 5 7/8	Casing Size: 2 7/8	Displacement: 4.9	230	Alex
Hole Depth: 861	Casing Weight:	Displacement PSI: 400	108	Jeff
Bridge Plug:	Tubing:	Cement Left in Casing: 0	111	Tyler
Packer:	PBTD:		242	TROY

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	11.30	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
4600 Gal	Garnett water	1.3	59.80
1 hr	80 vac #111	84.00	84.00
1 hr	80 vac #108	84.00	84.00
5.04 Tons	Bulk Truck Minimum charge	\$1.15/Mile	150.00
1	Plugs 2 7/8 Top Plug	25.00	25.00
	Subtotal	2630.30	2367.27
	10% Discount	- 263.03	120.10
	Estimated Total		2,487.95

Remarks: Hook onto casing Pump 15 bbl Gel sweep Followed by 15 bbl water spacer & 120 SKS 50/50 poz mix. Flush pump. Pump Plug to bottom & set float shoe.

Cement to surface.