

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1246213
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: _____

1246213

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)*

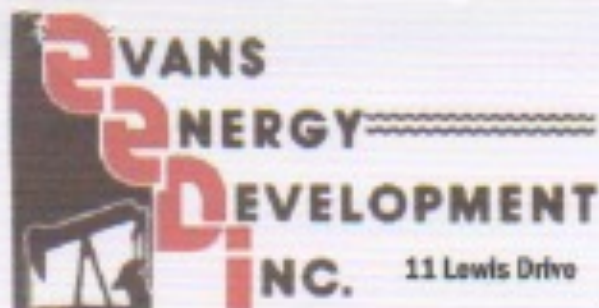
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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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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.

N. Kemprich #7-IWM

API #15-003-26,420

January 28 - January 29, 2015

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
16	soil & clay	16
4	clay & gravel	20
109	shale	129
28	lime	157
66	shale	223
10	lime	233
6	shale	239
33	lime	272
6	shale	278
20	lime	298
3	shale	301
23	lime	324 base of the Kansas City
173	shale	497
2	lime	499
7	shale	506
6	lime	512 oil show
8	shale	520
12	oil sand	532 green, light oil show
3	shale	535
1	coal	536
2	shale	538
18	oil sand	556 green, good bleeding
6	shale	562
2	coal	564
14	shale	578
3	lime	581
9	shale	590
2	lime	592
12	shale	614
10	lime	624
46	shale	669
4	limey sand	673
4	broken sand	677 brown & green, light oil show
30	shale	707
1	lime & shells	708
5	oil sand	713 brown, good bleeding
3	broken sand	716 brown & grey, ok bleeding
44	shale	760 TD

Drilled a 9 7/8" hole to 22.6'

Drilled a 5 5/8" hole to 750'

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

Set 750.6' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, and 1 clamp.

3813A Y Road
Madison, KS 66860
Ph: 620-437-2881
Fax: 620-437-2881



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
8421 AVONDALE DR., STE 212
OKLAHOMA CITY, OK 73118-6428

Invoice Date: 1/30/2015
Invoice #: 0016244
Lease Name: N KEMPNICH
Well #: 7-IWM
County: ANDERSON

Date/Description	HRS/QTY	Rate	Total
See ticket 50517 of JB	0.000	0.000	0.00
Cement pump multiple wells	1.000	675.000	675.00
80bbl Vac truck 108	1.000	84.000	84.00
Vacuum Truck 80 bbl 111	1.000	84.000	84.00
Bulk truck 240 Minimum charge	1.000	300.000	300.00
Cement Pozmix 50/50	102.000	11.300	1,152.60 T
Bentonite Gel	371.000	0.300	111.30 T
FLO Seal	25.500	2.150	54.83 T
City water	4,600.000	0.013	59.80 T
Top rubber plug 2 7/8"	1.000	25.000	25.00 T
Discount	1.000	140.380-	140.38-T
Discount	1.000	234.300-	234.30-

*Rec
2-3-15*

Net Invoice 2,171.87
Sales Tax: (7.85%) 98.83
Total 2,268.50

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!



250 N. Water, Ste 100 - Wichita, KS 67102

HURRICANE SERVICES INC

304 Prairie Plaza Parkway - Garnett, KS 66030

Customer	Martin oil properties			Job Name		Job No.	50517	
Address				Job Date		Date	1/30/2015	
City, State, Zip				Job Desc	Logcasing 2 7/8 casing - 8 5/8 hole. NEW WELL			
Service Location				Well Depth	2 7/8 casing @ 751 , 8 5/8 hole @ 763			
Well Name & No.	M.Keppelch T-00M			Well Location	County	Anderson	State	Kansas
Equipment #	Driver	Equipment #	Driver	Equipment #	Hours	TRUCK CALLED		in out
26	Joe					ARRIVED AT JOB		in out
231	Tom					START OPERATION		in out
240	Amos					FINISH OPERATION		in out
108	Jeff					RELEASED		in out
111	Tyler					MILES FROM STATION TO WELL		

Treatment Summary

Hooked onto 2 7/8 casing and achieved circulation. Pumped 15 bbl gel slurry followed by 15 bbl water spacer and 102 sks of 50/50 pot mix 2% gel 100 lb seal. Flushed pump and pumped plug to bottom and set float shoe. CEMENT TO SURFACE...

Product/Service Code	Description	Unit or Measure	Quantity	List Price/Unit	Gross Amount	Disc. Amount	Net Amount
u00101	Heavy Equip. One Way	hr		\$3.25			
u00102	Light Equip. One Way	hr		\$1.50			
c02100	Cement Pump (Multiple visits)	ea	1.00	\$875.00	\$875.00	10.00%	\$787.50
c10000	Vacuum Truck 80 bbl	ea	1.00	\$84.00	\$84.00	10.00%	\$75.60
c11100	Vacuum Truck 80 bbl	ea	1.00	\$84.00	\$84.00	10.00%	\$75.60
u20001	Cement Bulk Truck - Minimum	ea	1.00	\$300.00	\$300.00	10.00%	\$270.00
u01004	5000 Potable Cement	sks	102.00	\$11.20	\$1,142.40	10.00%	\$1,028.16
u01007	Bestonite Gel	lb	308.00	\$3.30	\$1,016.40	10.00%	\$914.76
u01007	Bestonite Gel	lb	471.00	\$3.30	\$1,554.30	10.00%	\$1,398.87
u01011	H.O. Seal	lb	18.00	\$2.15	\$38.70	10.00%	\$34.83
u02000	H2O	gal	4,800.00	\$0.01	\$48.00	10.00%	\$43.20
u01021	Rubber 2 7/8	ea	1.00	\$25.00	\$25.00	10.00%	\$22.50

TERMS: Cash in advance unless Hurricane Services Co. has approved credit prior to sale. Payment terms are for approved accounts and apply to orders placed on or before the 30th day of the month of invoice. Payment discounts are subject to the balance paid out of the month of 10% per month of the maximum allowable by applicable state or federal law. If such law does not allow for a credit account, in the event it is necessary to employ an agency or other company to collect the account, Customer hereby agrees to pay all fees, costs or charges incurred for such collection. It is the intent that Customer's account with HSI becomes delinquent. HSI has the right to invoice any and all amounts due directly applied to invoice of an invoice date. Some exceptions. The full invoice price without discount will become immediately due and owing and subject to collection.

	Gross	\$ 2,548.80	Net	\$ 2,171.87
Total Taxable	\$ -	Tax Rate	7.600%	
		Sale Tax	\$ -	
		Total	\$ 2,171.87	

Date of Service	1/30/2015
Job Representative	Joe Blanchard
Customer Representative	Dan H. Anderson

X _____
CUSTOMER RECEIVED FROM
Customer Comments or Concerns:

Hurricane Services appreciates any Comments, Concerns or Criticism from our valuable customers as Safety and Customer Satisfaction are our Number 1 goal. All Comments are confidential and will be used in a constructive manner to improve our Safety and Job Performance.