

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1246586  
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: \_\_\_\_\_

1246586

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)*

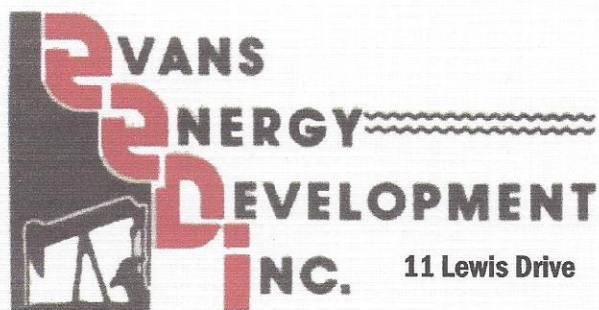
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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	

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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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.

Finkenbinder #2-IWU

API #15-003-26,408

January 6 - January 9, 2015

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
16	soil & clay	16
7	clay & gravel	23
106	shale	129
28	lime	157
68	shale	225
10	lime	235
5	shale	240
33	lime	273
8	shale	281
20	lime	301
3	shale	304
25	lime	329 base of the Kansas City
168	shale	497
8	lime	505
4	shale	509
9	lime	518 oil show
20	shale	538
1	coal	539
1	shale	540
20	oil sand	560 green, good bleeding
3	shale	563
2	coal	565
4	shale	569
5	lime	574
6	shale	580
2	lime	582
7	shale	589
4	lime	593
20	shale	613
8	lime	621
46	shale	667
2	limy sand	669 green & white
4.5	broken sand	673.5 brown & green, 70% bleeding
2.5	broken sand	676 brown & green, no bleeding
23	shale	699 TD

Drilled a 9 7/8" hole to 42.5'

Drilled a 5 5/8" hole to 699'

Set 42.5' of 7" surface casing with 10 sacks of cement.

Set 694' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, and 1 clamp.

	<u>Minutes</u>	<u>Seconds</u>
670		56
671		57
672		46
673		30
674		37
675		44
676		42
677		36
678		42
679		34
680		42
681		39
682		40
683		46

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: 1/9/2015  
 Invoice #: 0015998  
 Lease Name: FINKENBINDER  
 Well #: 2-IWU  
 County: ANDERSON

Date/Description	HRS/QTY	Rate	Total
See ticket 50139 of JB	1.000	675.000	675.00
Vacuum Truck 80 bbl 108	1.000	84.000	84.00
Vacuum Truck 80 bbl 111	1.000	84.000	84.00
Cement Bulk truck/ton	115.000	1.300	149.50
Cement Pozmix 50/50	104.000	11.300	1,175.20 T
Bentonite Gel	375.000	0.300	112.50 T
FLO Seal	25.250	2.150	54.29 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	142.680-	142.68-T
Discount	1.000	99.250-	99.25-

Net Invoice	2,177.36
Sales Tax: (7.65%)	98.23
<b>Total</b>	<b><u>2,275.59</u></b>

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 200 - Wichita, Ks 67202

**HURRICANE SERVICES INC**

104 Prairie Plaza Parkway - Garnett, Ks 66032

Customer: <b>Martin oil properties</b>		Customer Name:		Ticket No.: <b>50139</b>					
Address:		AFE No.:		Date:					
City, State, Zip:		Job type: <b>Longstring 2 7/8 casing... 5 5/8 hole</b>							
Service District:		Well Details: <b>2 7/8 casing @ 694.. 5 5/8 hole @ 699</b>							
Well name & No.: <b>Finkenbinder 2-IWU</b>		Well Location:		County: <b>Anderson</b>	State: <b>Kansas</b>				
Equipment #	Driver	Equipment #	Driver	Equipment #	Hours	TRUCK CALLED	AM	PM	TIME
26	Joe					ARRIVED AT JOB	AM	PM	
231	Tom					START OPERATION	AM	PM	
240	Troy					FINISH OPERATION	AM	PM	
108	Jeff					RELEASED	AM	PM	
111	Tyler					MILES FROM STATION TO WELL			

**Treatment Summary**

Hooked onto 2 7/8 casing and achieved circulation , took about 9 extra bbls of H2o then usual to get circulation.. Pumped 15 bbl gel sweep followed by 15 bbl water spacer and 104 sks of 50/50 poz mix 2% gel 1/4 flo seal.. Flushed pump and pumped plug to bottom and set float shoe.. CEMENT TO SURFACE..

Product/Service Code	Description	Unit of Measure	Quantity	List Price/Unit	Gross Amount	Item Discount	Net Amount
c00101	Heavy Equip. One Way	mi	-	\$3.25	\$0.00		\$0.00
c00102	Light Equip. One Way	mi	-	\$1.50	\$0.00		\$0.00
c23103	Cement Pump (Multiple wells)	ea	1.00	\$675.00	\$675.00	10.00%	\$607.50
c10800	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
c24200	Cement Bulk Truck	tm	115.00	\$1.30	\$149.50	10.00%	\$134.55
p01604	50/50 Pozmix Cement	sack	104.00	\$11.30	\$1,175.20	10.00%	\$1,057.68
p01607	Bentonite Gel	lb	175.00	\$0.30	\$52.50	10.00%	\$47.25
p01607	Bentonite Gel	lb	200.00	\$0.30	\$60.00	10.00%	\$54.00
p01611	FLO-Seal	lb	25.25	\$2.15	\$54.29	10.00%	\$48.86
p02000	H2O	gal	4,600.00	\$0.01	\$59.80	10.00%	\$53.82
p01631	Rubber 2 7/8	ea	1.00	\$25.00	\$25.00	10.00%	\$22.50

**TERMS:** Cash in advance unless Hurricane Services Inc has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts may pay interest on the balance past due at the rate of 1 1/4% per month or the maximum allowable by applicable state or federal laws if such laws limit interest to a lesser amount. In the event it is necessary to employ an agency and/or attorney to affect the collection of said account, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any and all discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount will become immediately due and owing and subject to collection.

X \_\_\_\_\_  
CUSTOMER AUTHORIZED AGENT

<b>Gross:</b> \$ 2,419.29		<b>Net:</b> \$ 2,177.36	
<b>Total Taxable</b>	\$1,284.11	<b>Tax Rate:</b>	7.650%
Frac and Acid service treatments designed with intent to increase production on newly drilled or existing wells are not taxable.		<b>Sale Tax:</b>	\$ 98.23
<b>Total:</b>		<b>\$ 2,275.59</b>	

**Date of Service:** 1/9/2015  
**HSI Representative:** Joe Blanchard  
**Customer Representative:** Dan Hutchenson

**Customer Comments or Concerns:**

Hurricane Services appreciates any Comments, Concerns or Criticism's 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.