

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1246599  
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: \_\_\_\_\_

1246599

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)*

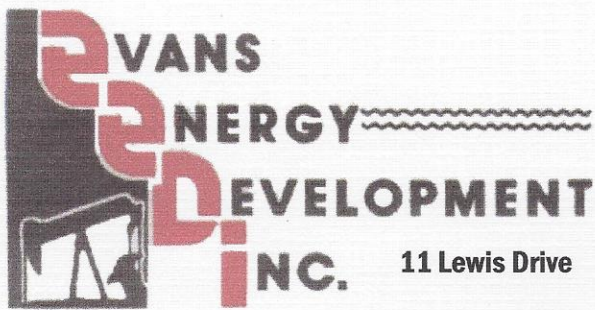
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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 #6-IWU

API #15-003-26,409

January 13 - January 14, 2015

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
22	soil & clay	22
5	clay & gravel	27
91	shale	118
28	lime	146
68	shale	214
11	lime	225
5	shale	230
33	lime	263
8	shale	271
22	lime	293
3	shale	296
22	lime	318 base of the Kansas City
177	shale	495
3	lime	498
4	shale	502
7	lime	509
7	shale	516
8	oil sand	524 green, ok bleeding
9	shale	533
1	coal	534
4	shale	538
15	oil sand	553 green, good bleeding
4	shale	557
2	coal	559
4	shale	563
3	lime	566
19	shale	585
4	lime	589
19	shale	608
7	lime	615
48	shale	663
1	limey sand	664 green & white, no oil
1	broken sand	665 green & brown, good bleeding
4	oil sand	669 brown, good bleeding
3	broken sand	672 brown & green, no bleeding
27	shale	699 TD

Drilled a 9 7/8" hole to 35.3'

Drilled a 5 5/8" hole to 699'

Set 35.3' of 7" surface casing with 8 sacks of cement.

Set 694.8' 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: 1/14/2015  
 Invoice #: 0016025  
 Lease Name: FINKENBINDER  
 Well #: 6-IWU  
 County: ANDERSON

Date/Description	HRS/QTY	Rate	Total
See ticket 50144 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	100.000	11.300	1,130.00 T
Bentonite Gel	368.000	0.300	110.40 T
FLO Seal	25.000	2.150	53.75 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	137.900-	137.90-T
Discount	1.000	99.250-	99.25-

Net Invoice	2,134.30
Sales Tax: (7.65%)	94.94
<b>Total</b>	<b>2,229.24</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

<b>Customer</b> Martin oil properties			<b>Customer Name:</b>			<b>Ticket No.:</b> 50144					
<b>Address:</b>			<b>AFE No.:</b>			<b>Date:</b> 1/14/2015					
<b>City, State, Zip:</b>			<b>Job type:</b> Longstring 2 7/8 casing... 5 5/8 hole								
<b>Service District:</b>			<b>Well Details:</b> 2 7/8 casing @ 695.. 5 5/8 hole @ 699								
<b>Well name &amp; No.:</b> Finkenfinder 6 - IWU			<b>Well Location:</b>		<b>County:</b> Anderson		<b>State:</b> Kansas				
Equipment #	Driver	Equipment #	Driver	Equipment #	Hours	TRUCK CALLED	AM	TIME			
26	Joe					ARRIVED AT JOB	AM				
231	Tom					START OPERATION	AM				
242	Amos					FINISH OPERATION	AM				
108	Jeff					RELEASED	AM				
111	Tyler					MILES FROM STATION TO WELL	PM				
<b>Treatment Summary</b>											
Hooked onto 2 7/8 casing and achieved circulation.. Pumped 15 bbl gel followed by 15 bbl water spacer and 100 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							
c00102	Light Equip. One Way	mi		\$1.50							
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	tn	115.00	\$1.30	\$149.50	10.00%	\$134.55				
p01604	50/50 Pozmix Cement	sack	100.00	\$11.30	\$1,130.00	10.00%	\$1,017.00				
p01607	Bentonite Gel	lb	200.00	\$0.30	\$60.00	10.00%	\$54.00				
p01607	Bentonite Gel	lb	168.00	\$0.30	\$50.40	10.00%	\$45.36				
p01611	FLO-Seal	lb	25.00	\$2.15	\$53.75	10.00%	\$48.38				
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				
<p>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 1/2% 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.</p>				<b>Gross:</b>		<b>\$ 2,371.45</b>		<b>Net:</b>		<b>\$ 2,134.31</b>	
		<b>Total Taxable</b>		<b>\$1,241.06</b>		<b>Tax Rate:</b>		<b>7.650%</b>			
						<b>Sale Tax:</b>		<b>\$ 94.94</b>			
						<b>Total:</b>		<b>\$ 2,229.25</b>			
<b>Date of Service:</b>		1/14/2015									
<b>HSI Representative:</b>		Joe Blanchard									
<b>Customer Representative:</b>		Dan Hutchenson									
X _____		CUSTOMER AUTHORIZED AGENT									
<b>Customer Comments or Concerns:</b>											

Hurricane Services appreciates any Comments, Concerns or Criticisms 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.