

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1246863
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: _____

1246863

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)*

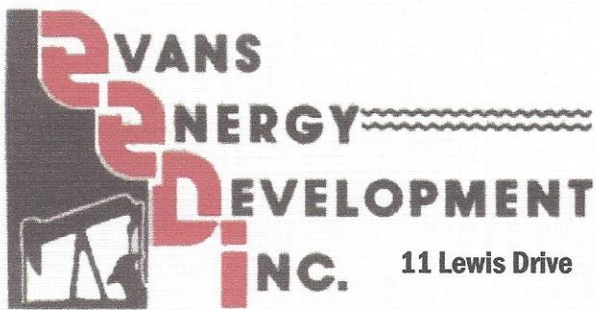
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> _____
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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.

Lickteig # 6-IWM

API #15-003-26,418

January 22 - January 23, 2015

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
20	soil & clay	20
5	clay & gravel	25
105	shale	130
28	lime	158
68	shale	226
10	lime	236
6	shale	242
34	lime	276
7	shale	283
20	lime	303
3	shale	306
21	lime	327 base of the Kansas City
175	shale	502
3	lime	505
5	shale	510
8	lime	518 oil show
17	shale	535
3	oil sand	538 green, light bleeding
1	coal	539
6	shale	545
14	oil sand	559 green, good bleeding
6	shale	565
2	coal	567
13	shale	580
2	lime	582
9	shale	591
9	lime	600
18	shale	618
7	lime	625
48	shale	673
2	limy sand	675
4	broken sand	679 brown & green, ok bleeding
2	broken sand	681 brown & green, light oil show
32	shale	713
1	lime & shells	714
4	oil sand	718 brown, good bleeding
5	broken sand	723 brown & black, ok bleeding
33	shale	756 TD

Drilled a 9 7/8" hole to 31.8'

Drilled a 5 5/8" hole to 756'

Set 31.8' of 7" surface casing with 7 sacks of cement.

Set 746.6' 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: 1/26/2015
 Invoice #: 0016170
 Lease Name: S KEMPNICH
 Well #: 3-IWM
 County: ANDERSON

Date/Description	HRS/QTY	Rate	Total
See ticket 50508 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	111.000	11.300	1,254.30 T
Bentonite Gel	386.000	0.300	115.80 T
FLO Seal	27.750	2.150	59.66 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	151.460-	151.46-T
Discount	1.000	234.300-	234.30-

Net Invoice 2,271.80
 Sales Tax: (7.65%) 104.28
Total 2,376.08

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!

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Madison, KS 66860
Ph: 620-437-2661
Fax: 620-437-2881



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Customer:
MARTIN OIL PROPERTIES
% CHRISTIAN MARTIN
6421 AVONDALE DR., STE 212
OKLAHOMA CITY, OK 73116-6428

Invoice Date: 1/26/2015
Invoice #: 0016171
Lease Name: LICKTIEG
Well #: 6-IWM
County: ANDERSON

Date/Description	HRS/QTY	Rate	Total
See ticket 50507 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	108.000	11.300	1,220.40 T
Bentonite Gel	381.000	0.300	114.30 T
FLO Seal	27.000	2.150	58.05 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	147.760-	147.76-T
Discount	1.000	234.300-	234.30-

Net Invoice 2,238.49
Sales Tax: (7.65%) 101.73
Total 2,340.22

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!

