

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1246869

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

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: _____

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

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:					

<div style="text-align: center;"> CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used </div> <div style="text-align: center;">Report all strings set-conductor, surface, intermediate, production, etc.</div>							
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)

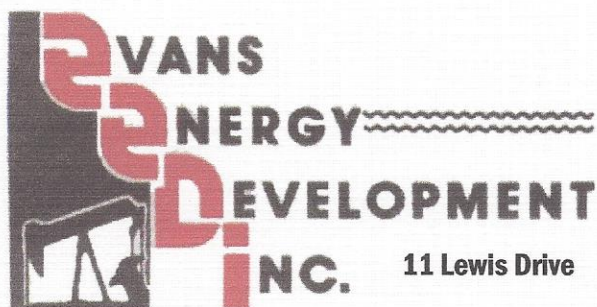
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated		Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)		Depth
TUBING RECORD: Size: Set At: Packer At:			Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No		
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 (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>		<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i></p> <p><input type="checkbox"/> Other <i>(Specify)</i> _____</p>	<p>PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p>
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Form	ACO1 - Well Completion
Operator	Tailwater, Inc.
Well Name	Lickteg 1-US
Doc ID	1246869

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	9.8750	7	17	36	Portland	8	POZ
Production	5.6250	2.8750	6.45	764	Portland	112	50/50 POZ



**Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation**

11 Lewis Drive

Paola, KS 66071

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

Tailwater, Inc.

Lickteig # 1-US

API #15-003--30,902

January 21 - January 22, 2015

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
20	soil & clay	20
4	clay & gravel	24
114	shale	138
27	lime	165
68	shale	233
10	lime	243
2	shale	245
37	lime	282
2	shale	284
13	lime	297
1	shale	298
35	lime	333 base of the Kansas City
170	shale	503
3	lime	506
9	shale	515
8	lime	523 oil show
23	shale	546
1	coal	547
4	shale	551
13	oil sand	564 green, good bleeding
4	silty shale	568
2	coal	570
6	shale	576
4	lime	580
14	shale	594
4	lime	598
76	shale	674
2	limey sand	676 green & white, no oil
3	broken sand	679 brown & green 40% bleeding
2	broken sand	681 brown & green, no bleeding
31	shale	712
1	lime & shells	713
4	oil sand	717 brown, good bleeding
6	broken sand	723 brown & black, ok bleeding
50	shale	773 TD

Drilled a 9 7/8" hole to 35.6'

Drilled a 5 5/8" hole to 773'

Set 35.6' of 7" surface casing with 8 sacks of cement.

Set 763.6' 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>
673		40
674		36
675		34
676		33
677		40
678		35
679		37
680		48
681		38
682		37
683		38
684		39
685		42
686		55
687	1	5
688		55
689		53

ad
S 68880
437-2881
10-437-2881



HURRICANE SERVICES INC

104 Prairie Plaza Parkway
Garnett, KS 68032
Ph: 785-448-3100
Fax: 785-448-3102

FED ID# 48-1214033
MC ID# 185290

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: 1/22/2015
Invoice #: 0018139
Lease Name: LICKTEIG
Well #: 1-US
County: ANDERSON

Date/Description	HRS/QT	Rate	Total
See ticket 50503 of JB	1.000	675.000	675.00
80bbl Vao 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	112.000	11.300	1,265.60 T
Bentonite Gel	385.000	0.300	115.40 T
FLO Seal	28.000	2.150	60.20 T
City water	4,800.000	0.013	59.80 T
Top rubber plug 2 7/8"	1.000	25.000	25.00 T
Discount	1.000	152.700-	152.70-T
Discount	1.000	234.300-	234.30-

*Rec
1-3-15
Afe*

Net Invoice 2,283.00
Sales Tax: (7.65%) 105.13
Total 2,388.13

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!

