

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD

Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

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 Geologist Report / Mud Logs <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
--	---

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				

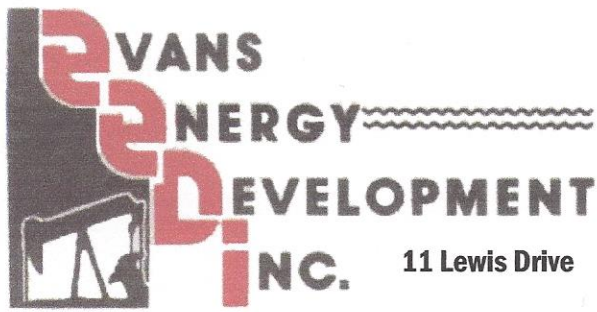
1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Date of first Production/Injection or Resumed Production/Injection:	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) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom

Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
----------------	-------	---------	------------	--



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.

South Kempnich #7-IWL

API #15-003-26,489

January 11 - January 12, 2016

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
6	soil & clay	6
4	clay & gravel	10
63	shale	73
31	lime	104
66	shale	170
12	lime	182
5	shale	187
35	lime	222
5	shale	227
24	lime	251
3	shale	254
20	lime	274 base of the Kansas City
180	shale	454
15	lime	469 oil show
11	shale	480
9	broken sand	489 brown & green, light bleeding
6	shale	495
20	oil sand	515 green, good bleeding
11	shale	526
9	lime	535
13	shale	548
3	lime	551
20	shale	571
8	lime	579
21	shale	600
3	lime	603
10	shale	613
4	lime	617
3	shale	620
2	lime	622
9	shale	631
1	broken sand	632 brown & green, ok bleeding
1	oil sand	633 brown, good bleeding
5	broken sand	638 brown & green, good bleeding
31	shale	669
1	lime & shells	670
6	oil sand	676 brown, ok bleeding
2	broken sand	678 brown & grey, light bleeding
41	shale	719

1	broken sand	720 brown & grey, light oil show
11	shale	731
3	oil sand	734 brown, ok bleeding
5	broken sand	739 50% sand, 50% shale
1	shale	740
1	broken sand	741 brown & grey, ok bleeding
6	shale	747
1	broken sand	748 brown & grey, ok bleeding
7	shale	755
1	oil sand	756 black, no bleeding
28	shale	784
4	broken sand	788 brown & grey, good bleeding
5	shale	793
6	sand	799 grey, no oil
45	shale	844 TD

Drilled a 9 7/8" hole to 23.4'

Drilled a 5 5/8" hole to 844'

Set 23.4' of 7" surface casing with 5 sacks of cement.

Set 834' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, and 1 clamp.



250 N. Water, Ste 200 - Wichita, Ks 67202

HURRICANE SERVICES INC

104 Prairie Plaza Parkway - Garnett, Ks 66032

Customer	Martin Oil Properties			Station Name		Ticket No.	100669		
Address				AFE No.		Date	1/12/2016		
City, State, Zip				Job type	Longstring				
Service District	Madison			Well Details	844' of 5 5/8" hole 2 7/8" act @ 834'				
Well name & No.	South Kempnich #7 IWL			Well Location		County	Anderson	State	Kansas
Equipment #	Driver	Equipment #	Driver	Equipment #	Driver	TRUCK CALLED			
201	Jorry	30	Brad			ARRIVED AT JOB			
202	Bryan					START OPERATION			
109	Billy					FINISH OPERATION			
111	Willy					RELEASED			
						MILES FROM STATION TO WELL			

Treatment Summary

Rig up to 2 7/8" tubing, tagged float shoe @ 834' by wireline. Break circulation with fresh water, pumped 8 Bbls gel flush, circulated gel around to condition hole. Mixed 120 sks 50/50 Pozmix cement w/ 2% Gel & 1/4 lb per sk of Pheno Seal. Shut down, wash out pump & lines, release plug. Displace plug with 4 Bbls water, final pumping @ 400 psi, land plug with @ 950 psi. Closed tubing in with 950 psi. Good cement returns with 4 Bbls of slurry. Job Complete - Tear Down
"Thank You"

Product/Service Code	Description	Unit of Measure	Quantity	List Price/Unit	Gross Amount	Net Amount
c20102	Cement Pump	ea	1.00	\$675.00	\$675.00	\$472.50
c00101	Heavy Equip. One Way	mi	-	\$3.25	\$0.00	\$0.00
p01604	50/50 Pozmix Cement	sack	118.00	\$11.30	\$1,333.40	\$933.38
p01607	Bentonite Gel	lb	198.00	\$0.30	\$59.40	\$41.58
p01610	Pheno Seal	lb	30.00	\$1.70	\$51.00	\$35.70
p01607	Bentonite Gel	lb	200.00	\$0.30	\$60.00	\$42.00
c00104	Minimum Ton Mile Charge	ea	1.00	\$300.00	\$300.00	\$105.00
c10900	Vacuum Truck 80 bbl	ea	1.00	\$84.00	\$84.00	\$58.80
c11000	Vacuum Truck 80 bbl	ea	1.00	\$84.00	\$84.00	\$58.80
p02000	1120	gal	3,500.00	\$0.01	\$45.50	\$31.86
p01631	Rubber Plug 2 7/8	ea	1.00	\$30.00	\$30.00	\$21.00
c00102	Light Equip. One Way	mi	-	\$1.50	\$0.00	\$0.00
c00108	Wireline	job	-	\$50.00	\$0.00	\$0.00

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, or the amount is necessary to employ an agency and/or attorney to effect 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 on invoices and to invoice prior. Upon revocation, the full price of goods without discount will become immediately due and owing and subject to collection. Authorization below constitutes receipt and acceptance of all terms and conditions including the Standard Terms of Sale.

Gross:		\$ 2,722.30	Net:	\$ 1,800.61
Total Taxable	\$1,105.51	Tax Rate:	7.650%	
Sales Tax:		\$ 84.57	Total:	\$ 1,885.18
Date of Service	1/12/2016			
HSI Representative	Brad Butler			
Customer Representative				

X _____
CUSTOMER AUTHORIZED AGENT
Customer Comments or Concerns:

Hurricane Services Inc. reserves the right to modify any Comments, Concerns or Corrections from our valuable customers as Safety and Customer Satisfaction are our Number One. All Comments are Confidential and will be used in a constructive manner to improve our Safety and Job Performance.