

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 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
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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				

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)</i> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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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:	
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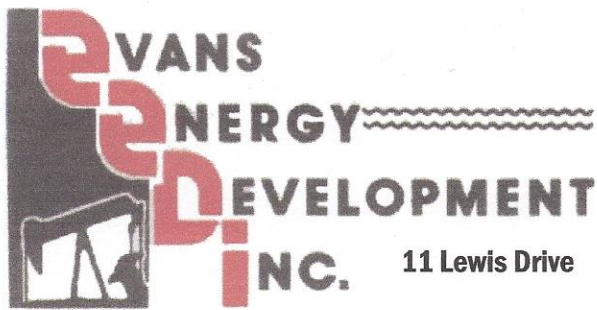
250 N. Water, Ste 200 - Wichita, Ks 67202

HURRICANE SERVICES INC

104 Prairie Plaza Parkway - Garnett, Ks 66032

Customer Martin Oil Properties		Customer Name:		Ticket No.: 50698							
Address:		AFE No.:		Date: 1/5/2016							
City, State, Zip:		Job type: cement longstring (new well)									
Service District:		Well Details: 5 5/8 hole @ 875 2 7/8 tubing @ 865									
Well name & No.: South Kempnich 16-L		Well Location:		County: Anderson	State: KS						
Equipment #	Driver	Equipment #	Driver	Equipment #	Hours	TRUCK CALLED	AM	PM	TIME		
26	Joe					ARRIVED AT JOB	AM	PM			
231	Jeff					START OPERATION	AM	PM			
240	Troy					FINISH OPERATION	AM	PM			
109	Pete					RELEASED	AM	PM			
111	Jr					MILES FROM STATION TO WELL					
Treatment Summary											
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	ea	1.00	\$675.00	\$675.00	10.00%	\$607.50				
c11100	Vacuum Truck 80 bbl	ea	1.00	\$84.00	\$84.00	10.00%	\$75.60				
c10900	Vacuum Truck 80 bbl	ea	1.00	\$84.00	\$84.00	10.00%	\$75.60				
c24001	Cement Bulk Truck - Minimum	ea	1.00	\$300.00	\$300.00	50.00%	\$150.00				
p01604	50/50 Pozmix Cement	sack	102.00	\$11.30	\$1,162.60	10.00%	\$1,037.34				
p01607	Bentonite Gel	lb	200.00	\$0.30	\$60.00	10.00%	\$54.00				
p01607	Bentonite Gel	lb	171.00	\$0.30	\$51.30	10.00%	\$46.17				
p01618	Pheno Seal	lb	26.00	\$1.70	\$44.20	10.00%	\$39.78				
p02000	H2O	gal	3,500.00	\$0.01	\$45.60	10.00%	\$40.95				
p01631	Rubber Plug 2 7/8	ea	1.00	\$30.00	\$30.00	10.00%	\$27.00				
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 1/4% 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.					Gross: \$ 2,526.80		Net: \$ 2,153.94				
					Total Taxable \$ -		Tax Rate: 7.650%				
					Frac and Acid service treatments designed with intent to increase production on newly drilled or existing wells are not taxable.					Sale Tax: \$ -	
										Total: \$ 2,153.94	
Date of Service: 1/5/2016					HSI Representative: Joe Blanchard						
Customer Representative: Dan Hutchenson											
CUSTOMER AUTHORIZED AGENT											
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.



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 #16-L

API #15-003-26,493

January 4 - January 5, 2016

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
14	soil & clay	14
2	clay & gravel	16
30	shale	46
2	lime	48
11	shale	59
35	lime	94
10	shale	104
7	lime	111
51	shale	162
7	lime	169
6	shale	175
28	lime	203
18	shale	221
22	lime	243
2	shale	245
22	lime	267 base of the Kansas City
173	shale	440
3	lime	443
2	shale	445
4	lime	449
2	shale	451
9	lime	460 oil show
12	shale	472
11	broken sand	483 brown & green, light bleeding
2	shale	485
2	broken sand	487 brown & green, light bleeding
17	oil sand	504 green, ok bleeding
14	shale	518
26	lime	544
27	shale	571
16	lime	587
32	shale	619
7	broken sand	626 brown & green, ok bleeding
33	shale	659
1	lime & shells	660
4	oil sand	664 brown, good bleeding
4	broken sand	668 brown & black, ok bleeding
35	shale	703
2	broken sand	705 brown & grey, light oil show

1	shale	706
6	broken sand	712 brown & grey, light oil show
2	shale	714
3	broken sand	717 brown & grey, light oil show
11	shale	728
5	broken sand	733 brown & grey, no oil show
7	broken sand	740 brown & grey, light oil show
6	shale	746
7	oil sand	753 brown good bleeding
14	shale	767
10	broken sand	777 brown & grey good bleeding
11	oil sand	788 brown good bleeding
6	shale	794
4	oil sand	798 brown good bleeding
77	shale	875 TD

Drilled a 9 7/8" hole to 23.4'

Drilled a 5 5/8" hole to 875'

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

Set 865' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, and 1 clamp.