

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:	
----------------	-------	---------	------------	--



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

HURRICANE SERVICES INC

104 Prairie Plaza Parkway - Garnett, Ks 66032

Customer: Martin Oil Properties		Job Order Name:		Ticket No.: 50801				
Address:		AFE No.: 15-003-26491		Date: 1/11/2016				
City, State, Zip:		Job type: Plug Job (new well) dry hole						
Service District:		Well Details: 5 5/8 hole @ 830.. 4 inch drill pipe at 829						
Well name & No.: South Kempnich 12-L		Well Location: Garnett		Country: Anderson	State: KS			
Equipment #	Driver	Equipment #	Driver	Equipment #	Hours	TRUCK CALLED	AM	PM
26	Joe					ARRIVED AT JOB	AM	PM
231	Jeff					START OPERATION	AM	PM
109	Billy					FINISH OPERATION	AM	PM
240	Troy					RELEASED	AM	PM
						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	30.00%	\$472.50	
c10900	Vacuum Truck 60 bbl	ea	1.00	\$84.00	\$84.00	30.00%	\$58.80	
c24001	Cement Bulk Truck - Minimum	ea	0.50	\$300.00	\$150.00	50.00%	\$75.00	
p01604	50/50 Pozmix Cement	sack	70.00	\$11.30	\$791.00	30.00%	\$553.70	
p01607	Bentonite Gel	lb	200.00	\$0.30	\$60.00	30.00%	\$42.00	
p01607	Bentonite Gel	lb	117.00	\$0.30	\$35.10	30.00%	\$24.57	
p01618	Pheno Seal	lb	15.00	\$1.70	\$25.50	30.00%	\$17.85	
p02000	H2O	gal	2,310.00	\$0.01	\$30.03	30.00%	\$21.02	
					Gross:	\$ 1,850.63	Net:	\$ 1,285.44
					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: \$ 1,285.44			
					Date of Service:	1/11/2016		
					HSI Representative:	Joe Blanchard		
					Customer Representative:	Dan Hutchenson		
					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.

TREATMENT REPORT



HURRICANE SERVICES INC

Customer:	martin oil properties		Date:	1/11/2016	SO#:		1266
Representative:							
Address:							
City, State:							
County, Zip:							

Field Order No.:	50801	Open Hole:	5 8/8	Perf Depths (ft)	Perfs
Well Name:	S. Kempnich 12-L	Casing Depth:			
Location:		Casing Size:			
Formation:		Tubing Depth:	830		
Type of Service:	Plug Job	Tubing Size:			
Well Type:		Liner Depth:			
Age of Well:	new	Liner Size:			
Packer Type:		Liner Top:			
Packer Depth:		Liner Bottom:			
Treatment Via:	Drill Pipe	Total Depth:	830		
				Total Perfs	0

TIME	INJECTION RATE		PRESSURE		REMARKS	PROP (lbs)	HCL (gls)	F (bbls)
	FLUID	N2/CO2	STP	ANNULUS				
1:30PM					CALLED OUT			
1:55PM					ON LOCATION			
2:10PM					SAFETY MEETING			
2:12PM					HOOKED UP TO DRILL PIPE			
2:15PM	3.2		50.0		STARTED DOWN HOLE WITH 4 BBL H2O			4.00
2:17PM	3.2		50.0		MIXED 10 SKS 50/50 2%GEL @ 14.4 PPG			2.00
2:20 PM	3.2		50.0		STARTED PUMPING 8 BBL GEL DOWN HOLE			5.00
2:24PM					SHUT DOWN PUMP			
					DRILLERS PULLED 500 FT DRILL PIPE OUT OF HOLE			
2:52PM					HOOKED UP TO 280 FT OF DRILL PIPE			
2:53PM	3.2		50.0		MIXED 50 SKS 50/50 2%GEL @ 14.4 PPG PUMPED DOWN HOLE			6.50
3:00PM					SHUT PUMP DOWN			
3:01PM					DRILL RIG PULLED THE 280 FT OF DRILL PIPE OUT OF HOLE			
3:15PM	1.0				TOPPED WELL OFF WITH 10 SKS 50/50 2% gel 14.4ppg			2.00
3:20pm					START WASH UP OF PUMP TRUCK AND DRILL PIPE			20.00
4:00PM					TRUCKS OFF OF LOCATION.			
					THANKS JOE , TODD , JEFF , BILLY AND TROY			
TOTAL:						-	-	40.00

SUMMARY

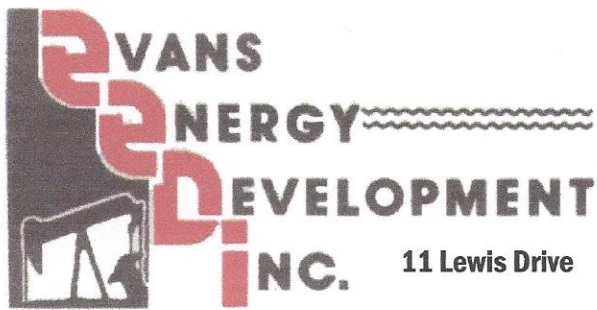
Max Fl. Rate	Avg Fl. Rate	Max PSI	Avg PSI
3.2		50.0	

PRODUCTS USED

70 sks 50/50 2% GEL .25 PHENO SEAL

Treater: Joe Blanchard

Customer: Martin Oil Properties



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 #12-L

API #15-003-26,491

January 6 - January 11, 2016

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
4	soil & clay	4
4	clay & gravel	8
69	shale	77
30	lime	107
66	shale	173
10	lime	183
7	shale	190
34	lime	224
6	shale	230
22	lime	252
3	shale	255
25	lime	280 base of the Kansas City
176	shale	456
4	lime	460
3	shale	463
8	lime	471 oil show
11	shale	482
13	broken sand	495 brown & green, ok bleeding
1	coal	496
3	shale	499
19	oil sand	518 green, good bleeding
22	shale	540
4	lime	544
8	shale	552
5	lime	557
21	shale	578
4	lime	582
4	shale	586
6	lime	592
13	shale	605
4	lime	609
8	shale	617
2	lime	619
12	shale	631
8	broken sand	639 brown & green, ok bleeding
32	shale	671
1	lime & shells	672
6	oil sand	678 brown, good bleeding

2	broken sand	680 brown & grey,
45	shale	725
3	broken sand	728 brown & grey, ok bleeding
3	shale	731
3	broken sand	734 brown & grey, ok bleeding
9	shale	743
1	broken sand	744 brown & grey, ok bleeding
36	sandy shale	780
50	sandy shale	830 grey, no oil
		830 TD

Drilled a 9 7/8" hole to 23.5'

Drilled a 5 5/8" hole to 830'

Set 23.5' of 7" surface casing with 5 sacks of cement.

This well was plugged by Hurricane Service, Inc.