



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1304591
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: _____

1304591

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 <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:				

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)*

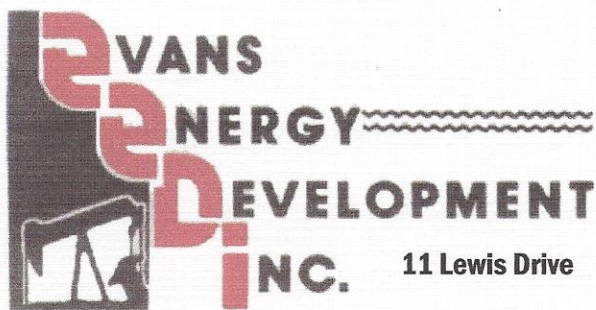
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

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> <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.



Kempnich 1-IWM
API 15-003-26502

November 17 - November 18, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
8	soil & clay	8
102	shale	110
28	lime	138
12	shale	150
5	lime	155
34	shale	189
3	lime	192
9	shale	201
10	lime	211
8	shale	219
37	lime	256
4	shale	260
22	lime	282
3	shale	285
20	lime	305 base of the Kansas City
171	shale	476
3	lime	479
4	shale	483
9	lime	492 oil show
12	shale	504
11	oil sand	515 green, ok bleeding
1	shale	516
1	coal	517
2	shale	519
16	oil sand	535 green good bleeding
5	shale	540
2	coal	542
11	shale	553
2	lime	555
34	shale	589
10	lime	599
44	shale	643
1	limey sand	644 green & white, no oil
6	sand	650 green, no oil
31	shale	681
1	lime & shells	682
4	oil sand	686 brown, good bleeding
1	broken sand	687 brown & grey, good bleeding
4	oil sand	691 brown, good bleeding

1
41

broken sand
shale

692 brown & grey good bleeding
733 TD

Drilled a 9 7/8" hole to 23.5'

Drilled a 5 5/8" hole to 733'

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

Set 723.4' 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 66532

Customer: Martin Oil Properties		Customer Ref:	Ticket No.: 60102						
Address:		ATB No.:	P.O. No.:						
City, State, Zip:		Job Type:	Longstring Cement - 2 7/8" csg, 5 7/8" hole						
Service District: GARNETT		Well Type:	2 7/8 casing set @ 723.. 5 5/8 hole @ 733						
Well name & Kemouch 1-11111		Well Location:	County: Anderson	State: Kansas					
Equipment #	Driver	Equipment #	Driver	Equipment #	Hours	TRUCK CALLED	AM	PM	TIME
26	Joe					ARRIVED AT JOB	AM	PM	
231	Tom					START OPERATION	AM	PM	
242	Troy					FINISH OPERATION	AM	PM	
111	Tyler					RELEASED	AM	PM	
108	Jeff					MILES FROM STATION TO WELL	AM	PM	
Hooked onto 2 7/8 casing, achieved circulation. Pumped 15 bbl gel sweep followed by 15 bbl water spacer and 100 sks of 60/50 poz mix 2% gel 1/4 flo seal. Flushed pump and pumped plug to bottom and set float shoe. CEMENT TO SURFACE.									
Product Code	Description	Unit	Quantity	Unit Price	Price	Discount	Discount %	Net Amount	
C00101	Heavy Equip. One Way	mi		\$3.26					
C00102	Light Equip. One Way	mi		\$1.50	\$0.00			\$0.00	
C23103	Cement Pump (Multiple wells)	ea	1.00	\$675.00	\$675.00		10.00%	\$607.50	
C10809	Vacuum Truck 60 bbl	ea	1.00	\$84.00	\$84.00		10.00%	\$75.60	
C11100	Vacuum Truck 60 bbl	ea	1.00	\$84.00	\$84.00		10.00%	\$75.60	
C24200	Cement Bulk Truck	bm	115.00	\$1.30	\$149.50		10.00%	\$134.55	
P01604	50/50 Pozmix Cement	sack	180.00	\$11.30	\$1,130.00		10.00%	\$1,017.00	
P01607	Bentonite Gel	lb	200.00	\$0.30	\$60.00		10.00%	\$54.00	
P01607	Bentonite Gel	lb	200.00	\$0.30	\$60.00		10.00%	\$54.00	
P01611	FLO-Seal	lb	25.00	\$2.15	\$53.75		10.00%	\$48.38	
P02000	H2O	gal	4,500.00	\$0.01	\$59.50		10.00%	\$53.62	
P01631	Rubber 2 7/8	ea	1.00	\$25.00	\$25.00		10.00%	\$22.50	
(FBI#): Cash in advance unless Hurricane Services Inc has approved credit prior to sale. Credit terms of sale for approved accounts are Net Invoice due on or before the 30th day from the date of invoice. 30th day accounts may pay in advance on this balance per 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. In the event it is necessary to employ an agency and/or attorney to collect 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 the invoice price. Upon revocation, the full invoice price without discount will become immediately due and owing and subject to collection.				Gross: \$ 2,391.05		Net: \$ 2,142.95			
Total Taxable				\$1,195.55		Tax Rate: 7.660%			
From said Add service treatments designed with intent to increase production on newly drilled or existing wells are not taxable.				State Tax: \$ 91.48		Total: \$ 2,234.43			
Date of Service				11/19/2014					
HSI Representative				Joe Blanchard					
Customer Representative				Dan Hutchinson					
CUSTOMER AUTHORIZED AGENT									
Customer Comments or Concerns:									

Hurricane Services appreciates any Comments, Concerns or Criticism 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.