

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 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				

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Summary of Changes

Lease Name and Number: North Kempnich 14-IWU

API/Permit #: 15-003-26238-00-00

Doc ID: 1295064

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved By	NAOMI JAMES	Karen Ritter
Approved Date	11/03/2014	03/08/2016
CasingAdd_Type_PctP DF_1		POZ
CasingPurposeOfString PDF_2	Completion	Production
Save Link	../../kcc/detail/operatorE ditDetail.cfm?docID=12 30493	../../kcc/detail/operatorE ditDetail.cfm?docID=12 95064
Well Type	EOR	OIL



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1230493
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed

Form must be Signed

All blanks must be Filled

CONFIDENTIAL 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: _____

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)</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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Form	ACO1 - Well Completion
Operator	Tailwater, Inc.
Well Name	North Kempnich 14-IWU
Doc ID	1230493

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
2	13 Shots	52 BBLS H2O	611 to 617
2	21 Shots	52 BBLS H2O	651 to 661

3613A Y Road
Madison, KS 66860
Ph: 620-437-2661
Fax: 620-437-2881



HURRICANE SERVICES INC

104 Prairie Plaza Parkway
Garnett, KS 66032
Ph: 785-448-3100
Fax: 785-448-3102

FED ID# 48-1214033
MC ID# 165290

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: 9/25/2014
Invoice #: 0014939
Lease Name: N KEMPNIH
Well #: 14-IWU
County: ANDERSON

Date/Description	HRS/QTY	Rate	Total
See ticket 50400 of JB	1.000	675.000	675.00
Cement Pozmix 50/50	99.000	11.300	1,118.70 T
Gel 2%	198.000	0.300	59.40 T
Gel flush	200.000	0.300	60.00 T
Flocele	25.000	2.150	53.75 T
City water	4,600.000	0.013	59.80
Vac truck #108	1.000	84.000	84.00
Vac truck #111	1.000	84.000	84.00
Bulk truck #242	1.000	150.000	150.00
Top rubber plug 2 7/8"	1.000	25.000	25.00 T
10% Discount per Kevin Miller	1.000	236.960-	236.96-

PAID

✓
Net Invoice 2,132.69
Sales Tax: (7.65%) 100.74
Total 2,233.43

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!

Hurricane Services, Inc.
 104 Prairie Plaza Parkway
 Garnett, KS 66032
 Office # 785-448-3100
 Toll Free # 855-718-8027



Ticket Nº 50400
 Location _____
 Foreman Joe Blanchard

Cement Service ticket

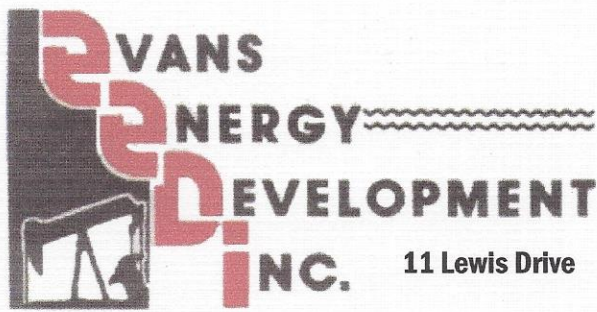
Date	Customer #	Well Name & Number	Sec./Township/Range	County
9-25-14		N. Kempnich 14-11W		Anderson
Customer	Mailing Address	City	State	Zip
Martin oil Properties				

Job Type:	Truck #	Driver
long string	26	Joe
Casing TD 724	231	Tom
Hole Size: 5 7/8	242	Amos/Troy
Hole Depth: 734	108	Jeff/Jesse
Bridge Plug:	111	Tyler
Packer:	Extra	Alex

Quantity Or Units	Description of Services or Product	Pump charge	
0 mi	Mileage Pump truck # 231	\$3.25/Mile	NC
0 mi	Pick up # 26	1.00	NC
99 SK	50/50 Poz mix	11.30	1118.70
198 LB	Prem Gel 2%	.30	59.40
200 LB	Prem Gel Sweep	.30	60.00
25 LB	Flo Seal	2.15	53.25
4600 Gal	Garnett water	1.3	59.00
1 hr	80 VOC #111	84.00	84.00
1 hr	80 VOC #108	84.00	84.00
4.1 Tons	Bulk Truck Minimum Delivery	\$1.15/Mile	150.00
1 ea	Plugs 2 7/8 Top Plug	25.00	25.00
	Subtotal	2,369.65	2,132.69
	10% discount	236.96	100.74
	Sales Tax		
	Estimated Total		2,233.43

Remarks: Hook onto casing. achieved circulation pump 15 bbl Gel sweep
 Followed by 15 bbl water spacer + 99 SKS 50/50 Cement.
 Flush pump. Pump Plug to bottom of set float shoe.
 Cement to surface.

Customer Signature _____



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.

North Kempnich # 14-IWU

API #15-003-26,238

September 24 - September 25, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
14	soil & clay	14
4	clay & gravel	18
49	shale	67
28	lime	95
68	shale	163
10	lime	173
7	shale	180
33	lime	213
7	shale	220
22	lime	242
3	shale	245
21	lime	266 base of the Kansas City
176	shale	442
3	lime	445
6	shale	451
7	lime	458
17	shale	475
24	oil sand	499 green oil sand
5	shale	504
2	coal	506
3	shale	509
8	lime	517
14	shale	531
4	lime	535
21	shale	556
5	lime	561
25	shale	586
4	lime	590
9	shale	599
4	lime	603
7	shale	610
1	limey sand	611 green no oil
1	broken sand	612 brown & green oil bleeding
2	oil sand	614 brown good bleeding
3	broken sand	617 brown & green oil bleeding
33	shale	650
1	lime	651
5	oil sand	656 brown good bleeding

5	broken sand	661 brown & grey oil bleeding
21	shale	682
1	coal	683
51	shale	734 TD

Drilled a 9 7/8" hole to 22.5'

Drilled a 5 5/8" hole to 734'

Set 22.25' of 7" surface casing with 5 sacks of cement.

Set 724' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, and 1 clamp.

3613A Y Road
Madison, KS 66860
Ph: 620-437-2661
Fax: 620-437-2881



HURRICANE SERVICES INC

104 Prairie Plaza Parkway
Garnett, KS 66032
Ph: 785-448-3100
Fax: 785-448-3102

FED ID# 48-1214033
MC ID# 165290

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: 10/21/2014
Invoice #: 0015259
Lease Name: NORTH KEMP NICH
Well #: 14 IWU
County: ANDERSON

Date/Description	HRS/QTY	Rate	Total
See ticket 1421 of ZH	1.000	2,280.000	2,280.00
Sand truck 820	0.500	500.000	250.00
Transport #146	1.000	105.000	105.00
Transport #148	1.000	105.000	105.00
Vac truck #109	1.000	84.000	84.00
Acid spotter #310	1.000	300.000	300.00
12/20 Frac Sand	4,000.000	0.270	1,080.00
32% Acid	75.000	3.480	261.00
Hurrigel 907	15.000	42.000	630.00
KCL	4.000	27.130	108.52
Biocide-CIW2320	2.000	38.960	77.92
Breaker	0.500	43.500	21.75
Ball injector	1.000	50.000	50.00
RCN Balls 1.3 SPG .78IN	11.000	1.750	19.25
City water	3,780.000	0.013	49.14
15% Acid	50.000	2.150	107.50
10% Discount per Kevin Miller	1.000	552.910-	552.91-

Total 4,976.17

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!



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

HURRICANE SERVICES INC

104 Prairie Plaza Parkway - Garnett, Ks 66032

Customer: Martin Oil Properties		Customer No.:		Ticket No.: 1421				
Address:		AFE No.:		Date: 10/21/2014				
City, State, Zip: Garnett, KS		Job type: Linear Gel Frac						
Service District: Garnett, KS		Well Type: Oil						
Well name & No. North Kempnich #14-IWU		Well Location:		County: Anderson	State: Kansas			
Equipment #	Driver	Equipment #	Driver	Equipment #	Hours	TRUCK CALLED	AM	TIME
158/820	Ben					ARRIVED AT JOB	AM	
146/156	Billy					START OPERATION	AM	
148/157	Scott					FINISH OPERATION	AM	
820	Travis					RELEASED	AM	
109	Justin					MILES FROM STATION TO WELL	PM	
24	MARK							
17/310	Zach							
145	Ray							

Product/Service Code	Description	Unit of Measure	Quantity	List Price/Unit	Gross Amount	Item Discount	Net Amount
F80101	Combo Unit No. 1 - Multiple Job (20%)	ea	1.00	\$2,280.00	\$2,280.00	10.00%	\$2,052.00
F82000	Sand Truck	day	0.50	\$500.00	\$250.00	10.00%	\$225.00
F15600	Transports 150 bbl	hr	1.00	\$105.00	\$105.00	10.00%	\$94.50
F15700	Transports 150 bbl	hr	1.00	\$105.00	\$105.00	10.00%	\$94.50
F10900	Vacuum Truck 80 bbl	hr	1.00	\$84.00	\$84.00	10.00%	\$75.60
F31000	Acid Spotter	ea	1.00	\$300.00	\$300.00	10.00%	\$270.00
P01004	12/20 KAW Frac Sand	Cwt	40.00	\$27.00	\$1,080.00	10.00%	\$972.00
P01308	32% HCL (.902 Baum / 99.1 H2O)	gal	75.00	\$3.48	\$261.00	10.00%	\$234.90
P01203	Hurrigel 907	gal	15.00	\$42.00	\$630.00	10.00%	\$567.00
P01101	KCL	gal	4.00	\$27.13	\$108.52	10.00%	\$97.67
P01075	BIOCIDE	gal	2.00	\$38.96	\$77.92	10.00%	\$70.13
P01225	BREAKER	quart	0.50	\$43.50	\$21.75	10.00%	\$19.58
F00510	Ball Injector - Mini Frac	ea	1.00	\$50.00	\$50.00	10.00%	\$45.00
P01401	RCN BALLS 1.3 SPG .78 IN.	ea	11.00	\$1.75	\$19.25	10.00%	\$17.33
P02000	H2O	gal	3,780.00	\$0.01	\$49.14	10.00%	\$44.23
P01304	15% HCL (.388 Baum / 99.612 H2O)	gal	50.00	\$2.15	\$107.50	10.00%	\$96.75

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. 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: \$ 5,529.08		Net: \$ 4,976.17	
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:	\$ 4,976.17

X _____
CUSTOMER AUTHORIZED AGENT

Date of Service:
 HSI Representative: *Jock Hansen*
 Customer Representative:

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:	10/21/2014	SO#:	1421	1286
Representative:						
Address:						
City, State:	Garnett, KS					
County, Zip:	Anderson					

Field Order No.:		Open Hole:		Perf Depths (ft)			Perfs
Well Name:	N. Kempnich #14-IWU	Casing Depth:		611	617	13	
Location:		Casing Size:	2 7/8	651	661	21	
Formation:		Tubing Depth:					
Type of Service:	Linear Gel Frac	Tubing Size:					
Well Type:	Oil	Liner Depth:					
Age of Well:	New	Liner Size:					
Packer Type:		Liner Top:					
Packer Depth:		Liner Bottom:					
Treatment Via:	CSG	Total Depth:					
				Total Perfs			34

TIME	INJECTION RATE		PRESSURE		REMARKS	PROP (lbs)	HCL (gls)	FLUID (bbbls)
	FLUID	N2/CO2	STP					
			4,000.0		Spot HCL Rig Up/Line CK		50.00	
	2.0		1,100.0		Load and Break, EST Rate			1.00
	16.0		1,300.0		Pump Pad			15.00
	16.0		1,300.0		Start .5# 12/20	200.00		9.50
	16.0		1,200.0		Start 1# 12/20	200.00		5.00
	16.0		1,200.0		Start 2# 12/20	400.00		5.00
	16.0				Start 3# 12/20	700.00		5.50
	16.0				Drop Balls/HCL 5.00		25.00	3.00
	16.0		1,500.0		Start 1# 12/20	200.00		5.00
	16.0		1,500.0		Start 2# 12/20	200.00		2.00
	16.0				Start 3# 12/20	600.00		5.00
	16.0				Drop Balls 3.00		25.00	4.00
	16.0		1,800.0		Start 1# 12/20	200.00		5.00
	16.0				Start 2# 12/20	200.00		2.00
	16.0		1,900.0		Start 3# 12/20	600.00		5.00
	16.0				Drop Balls 3.00		25.00	4.00
	16.0		2,800.0		Start 1# 12/20	200.00		5.00
	16.0		2,700.0		Start 2# 12/20	300.00		2.00
TOTAL:						4,000.00	125.00	93.00

SUMMARY

Max FI. Rate	Avg FI. Rate	Max PSI	Avg PSI
16.0	15.3	4,000.0	1,653.6

PRODUCTS USED

15gal Hurrigel 907	50gal 15% HCL
4gal KCL	
2gal SP-650	
.5qt LEB	
75gal 32% HCL	

Treater: Zach Hansen

Customer: _____

PRINTED IN U.S.A.

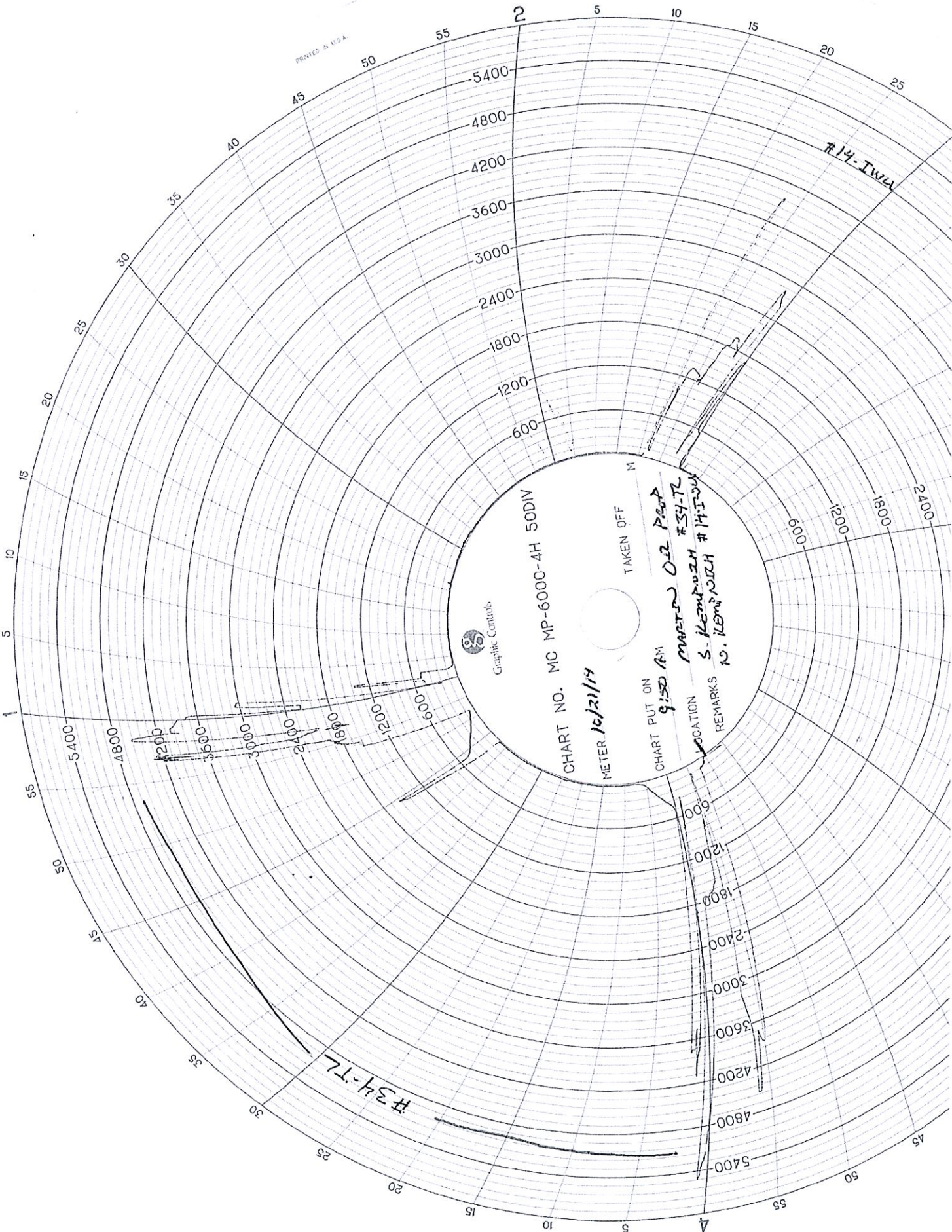


CHART NO. MC MP-6000-4H SODIV

METER 10/21/74

TAKEN OFF

CHART PUT ON 9:50 AM

LOCATION MARTON OIL PLOT #54-7L

REMARKS

S. KEMNICH #14-TW

#34-7L

#14-TW