



Confidentiality Requested:
 Yes No

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: _____

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
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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				

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 30-IWM

API/Permit #: 15-003-26256-00-00

Doc ID: 1309146

Correction Number: 2

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	04/21/2016	06/14/2016
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1304547	../../../../kcc/detail/operatorEditDetail.cfm?docID=1309146
Tubing Set At	726	
Tubing Size	2.8750	



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Yes No

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: _____

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(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

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Field Name: _____

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Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

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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.

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KCC Office Use ONLY

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
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- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1230500
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

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- 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							
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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				

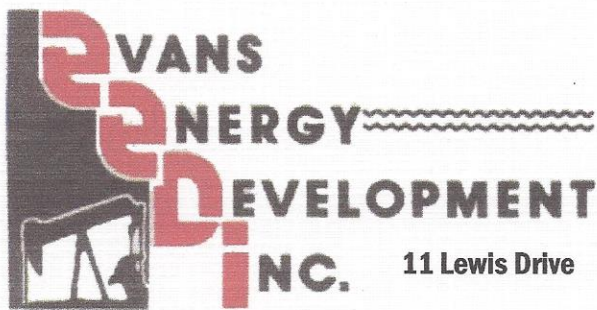
1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted 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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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 # 30-IWU

API #15-003-26,265

September 23 - September 24, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
14	soil & clay	14
4	clay & gravel	18
50	shale	68
27	lime	95
69	shale	164
10	lime	174
6	shale	180
33	lime	213
7	shale	220
22	lime	242
3	shale	245
20	lime	265 base of the Kansas City
172	shale	437
9	lime	446
6	shale	452
8	lime	460 oil show
21	shale	481
1	coal	482
3	shale	485
4	sand	489 grey, no oil
12	oil sand	501 grey, light oil show
4	shale	505
2	coal	507
4	shale	511
9	lime	520
13	shale	533
3	lime	536
23	shale	559
9	lime	568
19	shale	587
3	lime	590
8	shale	598
6	lime	604
7	shale	611
2	limey sand	613 green & white no oil
6	broken sand	619 brown & green ok bleeding
33	shale	652
1	lime & shells	653

1	limey sand	654
9	broken sand	663 brown & grey 40% bleeding
4	shale	667
3	limey sand	670 black & white, no oil
65	shale	735 TD

Drilled a 9 7/8" hole to 22.5'

Drilled a 5 5/8" hole to 735'

Set 22.5' of 7" surface casing with 5 sacks of cement.

Set 725.3' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe and 1 clamp.

Core Times

	<u>Minutes</u>	<u>Seconds</u>
654		35
655		23
656		31
657		31
658		26
659		25
660		25
661		36
662		25
663		31
664		23
665		29
666		32
667		56
668		40
669		35
670		17

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: 9/24/2014
Invoice #: 0014938
Lease Name: N KEMPNICH
Well #: 30-IWM
County: ANDERSON

Date/Description	HRS/QTY	Rate	Total
See ticket 50399 of JB	1.000	675.000	675.00
Cement Pozmix 50/50	107.000	11.300	1,209.10 T
Gel 2%	214.000	0.300	64.20 T
Gel flush	200.000	0.300	60.00 T
Flocele	27.000	2.150	58.05 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	246.930-	246.93-

PAID
10-13-14
CK 1040

Net Invoice ✓ 2,222.22
Sales Tax: (7.65%) 108.36
Total 2,330.58

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 50399
 Location _____
 Foreman Joe Blanchard

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
9-24-14		N. Kempnich 30- 30 IUM		Anderson
Customer	Properties	Mailing Address	City	State Zip
Martin oil				

Job Type:

Truck #	Driver
26	Joe
231	Tom
242	Amos/TROY
108	Jeff
111	Tyler/Jesse
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. ⁵⁰	NC
107 SK	50/50 Pozmix	11. ³⁰	1209. ¹⁰ T
214 LB	Prem Gel 2%	.30	64. ²⁰ T
200 LB	Prem Gel Sweep	.30	60. ⁰⁰ T
27 LB	Flo Seal	2. ¹⁵	58. ⁰⁵ T
4600 Gal	Garnett water	1.3	59. ⁰⁰
1 hr	80 vac #108	84. ⁰⁰	84. ⁰⁰
1 hr	80 vac #111	84. ⁰⁰	84. ⁰⁰
4.4 Tons	Bulk Truck Minimum charge #242	\$1.15/Mile	150. ⁰⁰
1	Plugs 2 7/8 Top Plug	25. ⁰⁰	25. ⁰⁰ T
		2469.15	Subtotal 2,222.23
	10% Discount - 246.91		Sales Tax 108.35
			Estimated Total 2,330.58

Remarks: Hook onto Casing achieve circulation
 Pump 15 bbl Gel Sweep & 15 bbl water spacer &
 107 SKS 50/50 poz cement flush pump. Pump Plug to
 bottom & Set Flat shoe.

Cement to surface.

Thanks...