



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: South Kempnich 34-TL

API/Permit #: 15-003-26397-00-00

Doc ID: 1268301

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	12/05/2014	10/20/2015
Save Link	../../../../kcc/detail/operatorE ditDetail.cfm?docID=12 33808	../../../../kcc/detail/operatorE ditDetail.cfm?docID=12 68301
Well Type	EOR	OIL



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1233808
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: _____

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Designate Type of Completion:

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- CM (Coal Bed Methane)
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If Workover/Re-entry: Old Well Info as follows:

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Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

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- Plug Back Conv. to GSW Conv. to Producer
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- Dual Completion Permit #: _____
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- 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 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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Form	ACO1 - Well Completion
Operator	Tailwater, Inc.
Well Name	South Kempnich 34-TL
Doc ID	1233808

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
2	729'-804' (93 Shots)		804

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: 10/6/2014
Invoice #: 0015098
Lease Name: S KEMPNICH
Well #: 34 TL
County: ANDERSON

Date/Description	HRS/QTY	Rate	Total
See ticket 50411 of DL	1.000	675.000	675.00
Cement Pozmix 50/50	111.000	11.300	1,254.30 T
Gel 2%	222.000	0.300	66.60 T
Gel sweep	200.000	0.300	60.00 T
FLO Seal	28.000	2.150	60.20 T
City water	4,600.000	0.013	59.80
Vac truck #111	1.000	84.000	84.00
Vac truck #109	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	251.890-	251.89-

Net Invoice 2,267.01
Sales Tax: (7.65%) 112.16
Total 2,379.17

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!

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



Ticket Nº 50411
 Location _____
 Foreman Dwayne Lowe

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
10-6-14		S. Kempnich 34 TL		Anderson
Customer		Mailing Address	City State	Zip
Martin Oil Properties				

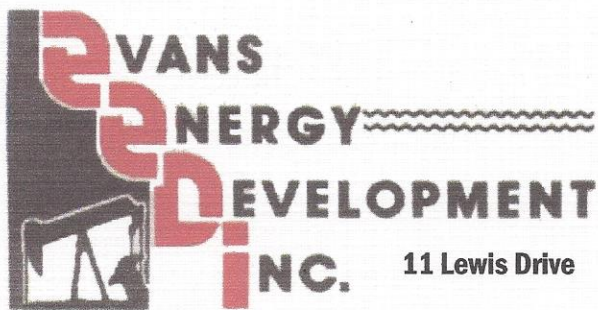
Job Type:

Job Type:			Truck #	Driver
Longstring	Casing TD 848		25	Dwayne
Hole Size: 5 7/8	Casing Size: 2 7/8	Displacement: 4.9	231	Tom
Hole Depth: 858	Casing Weight:	Displacement PSI: 400	242	TROY / AMOS
Bridge Plug:	Tubing:	Cement Left in Casing: 0	111	Jeff
Packer:	PBDT:		109	Alex / Jesse

Quantity Or Units	Description of Services or Product	Pump charge	
0 mi	Mileage Pump truck #231	\$3.25/Mile	NC
0 mi	Pick up #25	1.50	NC
111 SK	50/50 Poz mix	11.30	1254.30
222 LB	Prem Gel 2%	.30	66.60
200 LB	Prem Gel Sweep	.30	60.00
28 LB	Flo Seal	2.15	60.20
4600 Gal	Garnett water	1.3	59.80
1 hr	80 vac #111	84.00	84.00
1 hr	80 vac #109	84.00	84.00
4.6 Tons	Bulk Truck Minimum charge #242	\$1.15/Mile	150.00
1	Plugs 2 7/8 Top Plug	25.00	25.00
	Subtotal		2,267.01
	10% discount		251.89
	Sales Tax		112.16
	Estimated Total		2,379.17

Remarks: Hook onto casing Achieve Circulation Pump 15 bbl Gel Sweep
 Followed by 15 bbl water spacer & 111 SKS 50/50 poz mix.
 Flush pump. Pump Plug to bottom & Set float shoe.

Cement to surface.



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 #34-TL

API #15-003-26,397

September 30 - October 1, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
14	soil & clay	14
5	clay & gravel	19
50	shale	69
28	lime	97
67	shale	164
11	lime	175
8	shale	183
33	lime	216
7	shale	223
25	lime	248
2	shale	250
20	lime	270 base of the Kansas City
179	shale	449
2	lime	451
5	shale	456
9	lime	465 oil show
8	shale	473
8	oil sand	481 green light bleeding
5	shale	486
1	coal	487
3	shale	490
21	oil sand	511 green, good bleeding
4	shale	515
2	coal	517
6	shale	523
6	lime	529
4	shale	533
2	lime	535
10	shale	545
3	lime	548
19	shale	567
13	lime	580
17	shale	597
3	lime	600
23	shale	623
1	limy sand	624 green & white, no oil
6	broken sand	630 brown & green good bleeding
33	shale	663
1	lime & shells	664

5	oil sand	669 brown, good bleeding
3	broken sand	672 brown & grey good bleeding
35	shale	707
6	broken sand	713 brown & grey ok bleeding
3	shale	716
3	broken sand	719 brown & grey light bleeding
2	shale	721
1	broken sand	722
3	gas sand	725 light brown, no oil
4	broken sand	729 brown & grey no oil
2	broken sand	731 brown & grey good bleeding
4	oil sand	735 brown good bleeding
8	broken sand	743 brown & grey good bleeding
8	shale	751
1	broken sand	752 brown & grey good bleeding
6	oil sand	758 brown good bleeding
2	shale	760
7	broken sand	767 brown & grey good bleeding
13	silty shale	780
4	oil sand	784 grey good bleeding
1	shale	785
4	oil sand	789 grey good bleeding
5	shale	794
10	oil sand	804 grey good bleeding
3	shale	807
6	sand	813 white, no oil
45	shale	858 TD

Drilled a 9 7/8" hole to 22.4'

Drilled a 5 5/8" hole to 858'

Set 22.4' of 7" surface casing with 5 sacks of cement.

Set 848' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, and 1 clamp.