FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

OMB APPROVAL
OMB Number: 3235-0076
Expires: April 30,2008
Estimated average burden
hours per response.....16.00

SEC USE ONLY
Sedal

PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Martens #1 Drilling Program Rule 504 Rule 505 X Rule 506 Section 4(6) X ULOE Filing Under (Check box(es) that apply): Type of Filing: X New Filing ☐ Amendment A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer ([] check if this is an amendment and name has changed, and indicate change.) Tidal Petroleum, Inc. (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) Address of Executive Offices 1208 F.M. 78, Suite I, Schertz, TX 78154 210-945-9878 (Number PRO City State Zip Code) Address of Principal Business Operations Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business **aug** 1 5 2007 Oil and gas development. Type of Business Organization limited partnership, already formed corporation other (please specify): business trust limited partnership, to be formed Year Month Actual or Estimated Date of Incorporation or Organization: [0]4 X Actual Estimated 910 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) TX

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation Dor Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77 (6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a tederal notice.

SESTIMATE STATE		Ser Seasicidi	ENCIPICATION DATA								
2. Enter the information r	equested for the fo	Howing:									
 Each promoter of 	the issuer, if the is	suct has been organized w	vithin the past five years;								
Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issued to be defined to the interest of the issued to be defined to the interest of the issued to be defined to the interest of the issued to be defined to the interest of the issued to be defined to the interest of the issued to the interest of the issued to the interest of t											
• Each executive of	ficer and director o	f corporate issuers and of	corporate general and man	naging partners of	partnership issuers; and						
Each general and:	managing partner o	fpantnership issuers.									
Chal Daria Man Andra	SZ Promotos	M Bass Gaid Owner	DI Evantiva Office	M Diseases	☐ General and/or						
Check Box(es) that Apply:	X Promoter	Beneficial Owner	X Executive Officer	M Director	Managing Partner						
Full Name (Last name first,	if individual)										
Gauntt, Patrick K.											
Business or Residence Addre		Street, City, State, Zip Ci	odc)								
1208 F.M. 78, Suite I, S	chertz, TX		···								
Check Box(es) that Apply:	X Promoter	Beneficial Owner	Executive Officer	X Director	General and/or Managing Partner						
Full Name (Last name first,	if individual)										
Domgard, Michael C.											
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ođe)								
1208 F.M. 78, Suite I, S	chertz, TX		· · · · · · · · · · · · · · · · · · ·								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first,	if individual)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
Novikoff, Lee M.											
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)								
1208 F.M. 78, Suite I, Se	chertz, TX										
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, i	if individual)				maaaruun dakki duku maaruluk 1940-eessiar Harib Marrooloosi anabasuda saasabase da						
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, i	f individual)										
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	nde)								
			•								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, i	f individual)	and the state of t		······································							
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	xlc)								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, i	f individual)										
Maria de la companya		M			rancianier idiliniis dalliet Hünneliniis (Millioli) ilialianii maase aasaa sa						
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	dc)								

16. J. A.		i Canada		B.: J	NEORMAI	JON ABOL	et of re r	MC S				Grandsky	
											Yes	No	
i. Has	he issuer sol	d, or does							-		X	Ш	
	Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?												
2. What	is the minin	num invest	nent that v	vill be acco	epted from	any indivi	duai?			·····			
7 D	the offering			in ne naine	ودنسه ماء						Yes [X]	No	
		-											
4. Enter	the informa	non reque: ilarremun	ted for eac eration for:	n person v solicitation	wno nas oc i of purchas	en or will ersinconn	oc para or ection with	given, unv sales of sc	curities in	the offering	, ,		
lfap	erson to be lis	ated is an as	sociated po	rson or ag	ent of a bro	ker or deak	r registere	d with the	SEC and/or	with a state	ŧ		
	tes, list the m ker or dealer								ociated pen	sons of suci	1		
		-		- 11110111101									
	e (Last name I Group, Inc		ii viduu j										
	or Residence		Number and	Street, C	ity, State, 2	Zip Code)				·		**************************************	
	. 78, Suite H				•	•							
	Associated B												
						<u> </u>		·····					
	Which Person				• • • • • • • • • • • • • • • • • •		•						
(Cha	k "Ali State	s" or check	individual	States)	w	~~~				····	. All States		
	AK		M		D	[CT]	(DE)						
X		X	KS			ME	5.0	MA		MN	MS		
MT	NE		NH			NY		ND	DK		OR		
RI	X	SD	IN	X		VT	344		342		WY	PR	
				······································					· · · · · · · · · · · · · · · · · · ·				
Full Name	(Last name	first, if ind	ividual)										
Rusiness	or Residence	Address (Vomber an	d Street C	ity State	Zin Code)					.		
					,,, .	<i>,</i>							
Name of A	ssociated Bi	oker or De	aler		····				,, , , , , , , , , , , , , , , , , , ,	·············			
									 			·	
	Vhich Person												
(Chec	k "All States	" or check	ind ividual	States)						**********	☐ AI	l States	
AL	AK	AZ	AR	CA	<u>[CO]</u>	CT	DE	(DC)	FL	GA	HI	(ID)	
IL	IN	[A]	KS	KY	LA	ME	MD	MA	MI	MN	MS	MÖ	
MI	NE	NY	NH]	ĹИ	NM	NY	NC	ND	ОH	ŌK.	OR	PA	
RI	SC	SD	TN	TX	UT	VT	VA.	WA	WV	WI	WY	PR	
E. O Manage	(Last name	Cont letted						·	·				
ruii Name	(rast name	III ŞI, II ENKL	(wana)										
Business	or Residence	Address (Yumber an	d Street, C	ity, State,	Zin Code)							
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)													
AL	[AK]	AZ	AR	[CA]	(CO)	CT	DE	DC	FL	GA	HI	[ID]	
	N.	1A	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO	
MT	NE	NV	NH	נא	NM	NY	NC	ND	ОH	OK]	OR	PA	
RI	SC	[SD]	TN	TX	UT	VT	VA	WA	WV	Wi	WY	PR	

C OFFERING PRICE NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and				
	already exchanged.	Aggregate Offering Price		Amount Alre	
	Type of Security	Offer	ing Price		Sold
	Debt		0	s_ _	0
	Equity	·	0	\$	0
	Common Preferred				
	Convertible Securities (including warrants)		0	\$	0
	Partnership Interests	<u> </u>	0	s _	0
	Other (Specify Units of Working Interest	4,4	422,348	s_	32,046
	Total	4,4	422,348	\$	32,046
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if maswer is "none" or "zero."		mber restors		Aggregate collar Amount of Purchases
	Accredited Investors		0	\$_	0
	Non-accredited Investors		1	S _	32,046
	Total (for filings under Rule 504 only)			s _	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
	Type of Offering	•	pe of urity	D	ollar Amount Sold
	Rule 505			S_	
	Regulation A			\$_	
	Rule 504			S _	
	Total			\$_	,
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		X	\$	0
	Printing and Engraving Costs	• • • • • • • • • • • • • • • • • • • •	···· 🔀	S	5,000
	Legal Fees		🕱	s	10,000
	Accounting Fees		🔀	s	5,000
	Engineering Fees		🔀	S	0
	Sales Commissions (specify finders' fees separately)	••••••		5	574,905
	Other Expenses (identify) Due diligence expenses	.,	X	s	88,447
	Total		X	S	683,352

	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."			S 3,	738,996
	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.				
		P	ayments to		
		п	Officers,	D _a .	yments b
		_	inectors, ec Affiliates		ymans i Others
	Salaries and fees	₽ \$	0	X \$	0
	Purchase of real estate	_		X) S_	0
	Purchase, rental or leasing and installation of machinery				
	and equipment	X S	0	X S	0
	Construction or leasing of plant buildings and facilities	X \$_	0	X 5	0
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another				
	issuer pursuant to a merger)	X \$.	0	X S	0
	Repayment of indebtedness	X \$_	0	X \$	0
	Working capital	X) \$_	0	X S	0
	Other (specify): Lease Costs and Seismic Costs	XI \$_	242,607	X \$_	0
	Drilling and Completion Costs			_	
	Well Management Fee	X] \$_	3,496,389	X 5	0
	Column Totals	X \$_	3,738,996	X .s	0
	Total Payments Listed (column totals added)		⊠ \$_3	,738,996	
,	D. PEDERAL SIGNATURE		all confee	No al Fa	

Issuer (Print or Type)

Tidal Petroleum, Inc.

Name of Signer (Print or Type)

Signature

August 6, 2007

Title of Signer (Print or Type)

President

Patrick K. Gauntt

 \mathcal{END}

	T		F1	0	r i	
• ^4		V I	11	u	N	

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)