



KANSAS CORPORATION COMMISSION 1048077
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or
Recompletion Date 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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1048077

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> 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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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
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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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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LEIS OIL SERVICES



111 East Mary • Yates Center, Kansas 66783 • (620) 625-3676

Operator License #: 30345	API #: 207-27942-00-00
Operator: Piqua Petro, Inc.	Lease: Wolf McAdams
Address: 1331 Xylan Rd, Piqua, KS. 66761	Well #: 15-11
Phone: 620.433.0099	Spud Date: 9-20-11 Completed: 9-21-11
Contractor License: 32079	Location: NE-SW-NW-NW of 5-24-17E
T.D. : 922 T.D. of Pipe: 917	685 Feet From North
Surface Pipe Size: 7" Depth: 30'	370 Feet From West
Kind of Well: Oil	County: Woodson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
15	Soil & Clay	0	15	7	Lime	780	787
9	Sand & Gravel	15	24	15	Shale	787	802
61	Shale	24	85	4	Lime	802	806
6	Lime	85	91	10	Shale	806	816
20	Shale	91	111	3	Lime	816	819
17	Lime	111	128	32	Shale	819	851
50	Shale	128	178	1	Lime	851	852
8	Lime	178	186	6	Shale	852	858
18	Shale	186	204	12	Oil Sand	858	870
9	Lime	204	213	52	Shale	870	922
3	Shale	213	216				
69	Lime	216	285				
23	Shale	285	308				
5	Lime	308	313				
38	Shale	313	351				
133	Lime	351	484				
168	Shale	484	642				
8	Lime	642	650				
15	Shale	650	665				
9	Lime	665	674		T.D.		922
26	Shale	674	700		T.D. of Pipe		917
3	Lime	700	703				
31	Shale	703	734				
2	Lime	734	736				
3	Shale	736	739				
14	Lime	739	753				
9	Shale	753	762				
4	Lime	762	766				
14	Shale	766	780				



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 31611

LOCATION Eureka

FOREMAN Steve Neal

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT APR 15-207-27942

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-22-11	4950	Wolf Mc Adams	5	24S	17E	Woodson
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Pigco Petroleum			445	Dave		
MAILING ADDRESS			611	Chris B		
1331 xylan Rd			637	Jim		
CITY						
Pigco						
STATE	ZIP CODE					
Ks	66761					

JOB TYPE Logging HOLE SIZE 5 3/4 HOLE DEPTH 932' CASING SIZE & WEIGHT _____
 CASING DEPTH 916' DRILL PIPE _____ TUBING 2 7/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 5.24 bbls DISPLACEMENT PSI 550* Min-Pot Pump Plug 950* RATE _____

REMARKS: Softy Meeting: Rig up to 2 7/8 Tubing. Break Circulation with Fresh Water. Pump 300* Gal Flush + 5 bbls water spacer. Mix 125 sks 60/40 Pozmix Cement with 4% Gel, 4" Kol Seal + 1% Caclz. Shut down. Wash out pump lines. Stuff 2 plugs. Displace with 5 1/4 bbls Fresh water. Final pumping Pressure 550* Pump Plug to 950*. Shut well in. Job Complete Rig down. (Good Cement Return to Surface.)

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	40	MILEAGE	4.00	160.00
1131	125 sks	60/40 Pozmix Cement	11.95	1493.75
1118B	430*	Gel 4%	.20	86.00
1110A	500*	Kol-Seal 4" per/sk	.44	220.00
1102	100*	Caclz 1%	.70	70.00
1118B	300*	Gel Flush	.20	60.00
5502C	3 hrs	50 bbl Vacuum Truck	90.00	270.00
1123	3000 gallons	CITY WATER	15.60/1000	46.80
4402	2	2 7/8 Tap Rubber Plugs	28.00	56.00
5407	5.33 mi	Tan mileage Bulk Truck	MIC	330.00
			SubTotal	3767.55
			SALES TAX 7.3%	148.38
			ESTIMATED TOTAL	3915.93

Rev'n 9737

04/14/16

AUTHORIZATION John E L TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.