



**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 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

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: \_\_\_\_\_



1069298

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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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> <input type="checkbox"/> Other (Specify) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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**Leis Oil Services, LLC**

1410 150th Rd  
Yates Center, KS 66783

**Invoice**

Number: 1001

Date: October 24, 2011

**Bill To:**

Greg Lair  
Piqua Petro  
1331 Xylan Rd  
Piqua, KS 66761

**Ship To:**

Greg Lair  
Piqua Petro  
1331 Xylan Rd  
Piqua, KS 66761

PO Number	Terms	Project
		Wingrave 6 wells

Date	Description	Hours	Rate	Amount
10-20-11	Digging Drill Pit	1.00	100.00	100.00
10-20-11	* cement for surface	8.00	11.00	88.00
10-21-11	Drilled Wingrave 45-11	1,096.00	6.00	6,576.00
<b>Total</b>				<b>\$40,092.00</b>

0 - 30 days	31 - 60 days	61 - 90 days	> 90 days	Total
\$40,092.00	\$0.00	\$0.00	\$0.00	\$40,092.00



**CONSOLIDATED**  
Oil Well Services, LLC



**ENTERED**

TICKET NUMBER 33348  
LOCATION Eureka  
FOREMAN Steve A. Nead

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

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-26-11	4950	Wingrave #45-11	16	24S	16E	Woodson
CUSTOMER <u>Pigna Petroleum</u>			TRUCK #			
MAILING ADDRESS <u>1331 Xylan Rd</u>			DRIVER			
CITY <u>Pigna</u>			TRUCK #			
STATE <u>Ks</u>			DRIVER			
ZIP CODE			TRUCK #			
			DRIVER			

JOB TYPE Long string HOLE SIZE \_\_\_\_\_ HOLE DEPTH 1096' CASING SIZE & WEIGHT \_\_\_\_\_  
CASING DEPTH 1093 DRILL PIPE \_\_\_\_\_ TUBING 2 7/8 OTHER \_\_\_\_\_  
SLURRY WEIGHT 13.5<sup>#</sup> SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT IN CASING \_\_\_\_\_  
DISPLACEMENT 6.40 DISPLACEMENT PSI 600<sup>#</sup> Bump Max plug 1100<sup>#</sup> RATE \_\_\_\_\_

REMARKS: Safety Meeting: Rig up to 2 7/8 tubing. Break circulation w/ Fresh water. Pump 300<sup>#</sup> Gel Flush + 5 bbls waterspacer. Mix 140 sks 60/40 Poz mix with 4<sup>#</sup> Kal-Seal. 4% Gel + 1% CaCl<sub>2</sub> at 13.5<sup>#</sup>/gal. Shut down. Washout Pump & Lines. Staff 2 plug. Displace with 6.40 bbls Fresh water. Final pumping Pressure 600<sup>#</sup> Bump Plug 1100<sup>#</sup>. Shut well in. Good cement Return to surface. Job Complete Rig down

*Thank You*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406		MILEAGE <u>N/C 2<sup>nd</sup> well</u>	-	-
1131	140 sks	60/40 Poz mix cement	11.95	1673.00
1110A	560 <sup>#</sup>	4 <sup>#</sup> Kal-Seal per sk	.44	246.40
1118B	480 <sup>#</sup>	4% Gel	.30	96.00
1103	180 <sup>#</sup>	1% CaCl <sub>2</sub>	.70	84.00
1118B	300 <sup>#</sup>	Gel Flush	.20	60.00
5407	6.02	Tan Mikeys Bulk Truck	m/c	330.00
5502C	3 hrs	80 bbl Vacuum Truck	90.00	270.00
1123	4000 gallons	City water	15.60/1000	62.40
41402	2	2 7/8 Tap Rubber Plug	28.00	56.00
			SubTotal	3852.80
			SALES TAX	166.39
			ESTIMATED TOTAL	4019.09

Revin 3737

AUTHORIZATION [Signature] TITLE 245441 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.



# LEIS OIL SERVICES



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

Operator License #: 30345	API #: 207-27954-00-00
Operator: Piqua Petro, Inc.	Lease: Wingrave
Address: 1331 Xylan Rd Piqua, KS 66761	Well #: 45-11
Phone: 620.433.0099	Spud Date: 10-20-11 Completed: 10-21-11
Contractor License: 32079	Location: SE-NE-NW-SW of 16-24-16E
T.D. : 1096 T.D. of Pipe: 1093	2190 Feet From South
Surface Pipe Size: 7" Depth: 42'	1080 Feet From West
Kind of Well: Oil	County: Woodson

## LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
4	Soil and Clay	0	4	3	Lime	1041	1044
179	Shale	4	183	4	Shale	1044	1048
55	Lime	183	238	1	Lime	1048	1049
6	Shale	238	244	10	Oil Sand	1049	1059
196	Lime	244	440	37	Shale	1059	1096
67	Shale	440	507				
51	Lime	507	558				
11	Shale	558	569				
76	Lime	569	645				
165	Shale	645	810				
6	Lime	810	816				
24	Shale	816	840				
9	Lime	840	849				
61	Shale	849	910				
3	Lime	910	913				
5	Shale	913	918				
13	Lime	918	931				
9	Shale	931	940				
5	Lime	940	945				
16	Shale	945	961				
9	Lime	961	970				
11	Shale	970	981		T.D.		1096
6	Lime	981	987		T.D. of Pipe		1093
12	Shale	987	999				
2	Lime	999	1001				
3	Shale	1001	1004				
8	Oil Sand	1004	1012				
29	Shale	1012	1041				