



KANSAS CORPORATION COMMISSION 1070226
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 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: _____



1070226

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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LEIS OIL SERVICES



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

Operator License #: 30345		API #: 207-27983-00-00	
Operator: Piqua Petro, Inc.		Lease: Wingrave	
Address: 1331 Xylan Rd Piqua, KS 66761		Well #: 54-11	
Phone: 620.433.0099		Spud Date: 11-07-11 Completed: 11-10-11	
Contractor License: 32079		Location: SE-SW-SW-NW of 16-24-16E	
T.D. : 1090	T.D. of Pipe: 1086	2840	Feet From South
Surface Pipe Size: 7" Depth: 42'		570	Feet From West
Kind of Well: Oil		County: Woodson	

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
8	Soil and Clay	0	8	11	Lime	956	967
163	Shale	8	171	9	Shale	967	976
179	Lime	171	350	5	Lime	976	981
2	Shale	350	352	2	Shale	981	983
83	Lime	352	435	3	Lime	983	986
72	Shale	435	507	3	Shale	986	989
78	Lime	507	585	3	Lime	989	992
5	Shale	585	590	4	Shale	992	996
24	Lime	590	614	1	Lime	996	997
5	Shale	614	619	1	Shale	997	998
7	Lime	619	626	12	Sandy Shale	998	1010
2	Shale	626	628	33	Shale	1010	1043
13	Lime	628	641	10	Oil Sand	1043	1053
168	Shale	641	809	9	Dark Sand	1053	1062
4	Lime	809	813	28	Shale	1062	1090
96	Shale	813	905				
2	Lime	905	907				
3	Shale	907	910				
4	Lime	910	914				
5	Shale	914	919				
4	Lime	919	923				
3	Shale	923	926		T.D.		1090
1	Lime	926	927		T.D. of Pipe		1086
2	Shale	927	929				
1	Lime	929	930				
5	Shale	930	935				
3	Lime	935	938				
18	Shale	938	956				

Leis Oil Services, LLC

1410 150th Rd
Yates Center, KS 66783

Invoice

Number: 1001

Date: November 15, 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

Date	Description	Hours	Rate	Amount
10-26-11	Digging Drill Pit	1.00	100.00	100.00
10-26-11	cement for surface	8.00	11.00	88.00
10-26-11	drilling for Wingrave 51-11	1,070.00	6.00	6,420.00
10-27-11	Digging Drill Pit	1.00	100.00	100.00
10-27-11	cement for surface	10.00	11.00	110.00
10-27-11	drilling for Wingrave 50-11	1,068.00	6.00	6,408.00
10-31-11	Digging Drill Pit	1.00	100.00	100.00
10-31-11	cement for surface	8.00	11.00	88.00
10-31-11	drilling for wingrave 52-11	1,102.00	6.00	6,612.00
11-2-11	Digging Drill Pit	1.00	100.00	100.00
11-2-11	cement for surface	9.00	11.00	99.00
11-2-11	drilling for Wingrave 53-11	1,075.00	6.00	6,450.00
11-10-11	Digging Drill Pit	1.00	100.00	100.00
11-10-11	* cement for surface #	8.00	11.00	88.00
11-10-11	Drilling for Wingrave 54-11	1,090.00	6.00	6,540.00
Total				\$33,403.00

PAY dMAIL CK

0 - 30 days	31 - 60 days	61 - 90 days	> 90 days	Total
\$33,403.00	\$0.00	\$0.00	\$0.00	\$33,403.00



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 33372
LOCATION Eureka
FOREMAN Steve Mead

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
11-10-11	4950	Wingrave #54-11				Woods
CUSTOMER Pigua Petroleum			TRUCK #			
MAILING ADDRESS 1331 Xylan Rd			DRIVER			
CITY Pigua			TRUCK #			
STATE KS			DRIVER			
ZIP CODE			TRUCK #			
			DRIVER			

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 1098' CASING SIZE & WEIGHT _____
CASING DEPTH 1090' DRILL PIPE _____ TUBING 2 7/8 OTHER _____
SLURRY WEIGHT 13.6# SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 6.30 bbls DISPLACEMENT PSI 500* Bump Plug 1000* RATE _____

REMARKS: Safety Meeting: Rig up to 2 7/8 Tubing. Break Circulation w/ Fresh Water. Pump 300# Gel Flush + 5 bbls Water Spacer. Mix 135 sks 60/40 Pozmix Cement w/ 4# Kol-Seal, 4% Gel & 1% CaCl2 AT 13.6#/gal. Shut down Wash out pumps & lines. Stuff 2 plugs. Displace with 6.30 bbls Fresh water. Final pumping Pressure 500#. Bump Plugs 1000#. Good Cement Returns 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 N/C 2nd well	-	-
1131	135 sks	60/40 Pozmix Cement	11.95	1613.25
1110A	540#	Kol-Seal 4# per sk	.44	237.60
1118B	460#	Gel 420	.20	92.00
1102	115#	CaCl2 1%	.70	80.50
1118B	300#	Gel Flush	.20	60.00
5407	580	Ton mileage Bulk Truck	M/C	330.00
5502C	4 hrs	80 bbl Vacuum Truck	90.00	360.00
1123	4000 gallon	CITY WATER	15.64/1000	62.40
4402	2	2 7/8 Top Rubber Plug	28.00	56.00
			Sub Total	3866.75
			SALES TAX 7.3%	160.74
			ESTIMATED TOTAL	4027.49

Ravin 3737

043751

AUTHORIZATION John & 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