



**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: \_\_\_\_\_



1083764

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, LLC

1410 150th Rd  
Yates Center, KS 66783

# Invoice

Number: 1001

Date: April 10, 2012

**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
		10 wells March 2012

Date	Description	Hours	Rate	Amount
3-5-12	Drill pit	100.00	1.00	100.00
3-5-12	cement for surface	8.00	11.00	88.00
3-6-12	Hammond E 1-12	1,114.00	6.25	6,962.50
3-7-12	Drill pit	100.00	1.00	100.00
3-7-12	cement for surface	8.00	11.00	88.00
3-12-12	Hammond E 8-12	1,103.00	6.25	6,893.75
3-13-12	Drill pit	100.00	1.00	100.00
3-13-12	cement for surface	8.00	11.00	88.00
3-14-12	Wingrave 56-12	1,083.00	6.25	6,768.75
3-15-12	Drill pit	100.00	1.00	100.00
3-15-12	cement for surface	8.00	11.00	88.00
3-16-12	Wingrave 55-12	1,103.00	6.25	6,893.75
3-19-12	cement for surface	8.00	11.00	88.00
3-26-12	Wingrave 57-12	1,103.00	6.25	6,893.75
3-27-12	Drill pit	100.00	1.00	100.00

*pd  
Full  
Amount  
4/10/12*

0 - 30 days	31 - 60 days	61 - 90 days	> 90 days	Total
\$72,974.25	\$0.00	\$0.00	\$0.00	\$72,974.25

*#13579*



**CONSOLIDATED**  
Oil Well Services, LLC



**ENTERED**

TICKET NUMBER 36306  
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
2-7-12	4950	Hammond E #1-12				Woodson
CUSTOMER			TRUCK #			
Pigua Petroleum			DRIVER			
MAILING ADDRESS			TRUCK #			
1331 Xylan Rd.			DRIVER			
CITY			TRUCK #			
Pigua			DRIVER			
STATE			TRUCK #			
KS			DRIVER			
ZIP CODE			TRUCK #			
			DRIVER			

JOB TYPE Long string HOLE SIZE \_\_\_\_\_ HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH 1112 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 6 1/2 DISPLACEMENT PSI 500<sup>#</sup> MIX PSI Bump plug 1200<sup>#</sup> RATE \_\_\_\_\_

REMARKS: Safety meeting. Rig up to 2 3/4 Tubing. Break circulation with 6bbls Fresh water. Pump 300<sup>#</sup> Gel Flush & 5bbls water spacer. Mix 140sk 60/40 Pozmix Cement with 5<sup>#</sup> Kal-Seal, 4% Gel & 1% Cocoz. Shut down. Wash out pump & lines. STUFF 2 plugs. Displace with 6 1/2 bbls Fresh water. Final pumping Pressure 500<sup>#</sup> Bump Plug 1200<sup>#</sup>. Bleed Pressure down to 500<sup>#</sup> Shut well in. 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	1030.00	1030.00
5406	40	MILEAGE	4.00	160.00
1121	140sk	60/40 Pozmix Cement	12.55	1757.00
1110A	560 <sup>#</sup>	Kal-Seal 5 <sup>#</sup> per/sk	.46	257.60
1118B	480 <sup>#</sup>	Gel 4%	.21	100.80
1102	120 <sup>#</sup>	Cocoz 1%	.74	88.80
1118B	300 <sup>#</sup>	Gel Flush	.21	63.00
5407	6.02 Tons	Tan Mileage Bulk Truck	m/c	350.00
4402	2	2 3/4 Tap Rubber Plugs	28.00	56.00
5502C	3hrs	80 bbl Vacuum Truck	90.00	270.00
1123	2000 gallons	CITY WATER	16.50/1000	49.50
			SubTotal	4182.70
			SALES TAX	123.20
			ESTIMATED TOTAL	4355.90

Revin 3737

248301

AUTHORIZATION [Signature] 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.



# LEIS OIL SERVICES



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

<b>Operator License #:</b> 30345	<b>API #:</b> 15-207-28067-00-00
<b>Operator:</b> Piqua Petro, Inc.	<b>Lease:</b> Hammond E
<b>Address:</b> 1331 Xylan Rd Piqua, KS 66761	<b>Well #:</b> 1-12
<b>Phone:</b> 620.433.0099	<b>Spud Date:</b> 3/5/12 <b>Completed:</b> 3/6/12
<b>Contractor License:</b> 32079	<b>Location:</b> NE-NE-NE-NE of 8-24S-16E
<b>T.D. :</b> 1114 <b>T.D. of Pipe:</b> 1112	170 <b>Feet From</b> North
<b>Surface Pipe Size:</b> 7" <b>Depth:</b> 41'	170 <b>Feet From</b> East
<b>Kind of Well:</b> Oil	<b>County:</b> Woodson

## LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
4	Soil and Clay	0	4	3	Broken Sand	1013	1016
3	Lime	4	7	32	Shale	1016	1048
193	Shale	7	200	1	Lime	1048	1049
53	Lime	200	253	4	Oil Sand	1049	1053
17	Shale	253	270	5	Shale w/ sand	1053	1058
156	Lime	270	426	56	Shale	1058	1114
3	Black Shale	426	429				
61	Lime	429	490				
38	Shale	490	528				
75	Lime	528	603				
3	Shale	603	606				
3	Black Shale	606	609				
22	Lime	609	631				
3	Shale	631	634				
3	Black Shale	634	637				
24	Lime	637	661				
189	Shale	661	850				
8	Lime	850	858				
59	Shale	858	917				
2	Lime	917	919				
5	Shale	919	924		T.D.		1114
17	Lime	924	941		T.D. of Pipe		1112
6	Shale	941	947				
3	Lime	947	950				
11	Shale	950	961				
27	Broken Lime	961	988				
15	Shale	988	1003				
10	Oil Sand	1003	1013				



**CONSOLIDATED**  
Oil Well Services, LLC

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

2nd well

TICKET NUMBER 56759  
FIELD TICKET REF # 47388  
LOCATION Thayer  
FOREMAN Brett Busby

#1-12  
Hammond 'E'

**TREATMENT REPORT**  
**FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-29-12		<del>Hammond 'E'</del>	#6	245	16E	WO
CUSTOMER Pigna Petro, Inc						
MAILING ADDRESS						
CITY		STATE	ZIP CODE			

TRUCK #	DRIVER	TRUCK #	DRIVER
476	Josh	489T103	Stan
490	Donnic	618T95	Marvin
478	Tim	619T91	George
582	Wes		
424	Eric		
489T102	Junior		

WELL DATA	
CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 7/8 8EUE</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>1004.5-145 (14)</u>	<u>Squirrel</u>
<u>1050-56 (9)</u>	

TYPE OF TREATMENT
<u>Acid spot + frac</u>
CHEMICALS
<u>Kelsub - Biocide - Breaker</u>
<u>Acid-Inhibitor - Stim Oil</u>

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<u>PAD</u>	<u>20</u>	<u>20</u>				<u>BREAKDOWN 1975</u>
<u>20-40</u>		<u>20</u>		<u>300#</u>		<u>START PRESSURE</u>
<u>12-20</u>		<u>20</u>				<u>END PRESSURE</u>
<u>12-20</u>		<u>20</u>		<u>3200#</u>		<u>BALL OFF PRESS</u>
<u>Bio-balls (5)</u>		<u>16</u>				<u>ROCK SALT PRESS</u>
<u>12-20</u>					<u>6000</u>	<u>ISIP 825</u>
<u>12-20 Release to Blender</u>					<u>3500</u>	<u>5 MIN</u>
<u>12-20 Blend 200 gal</u>		<u>4</u>				<u>10 MIN</u>
<u>12-20 raw Acid</u>		<u>8</u>				<u>15 MIN</u>
<u>12-20 OTF</u>		<u>8-12</u>				<u>MIN RATE</u>
<u>FLUSH CASING</u>	<u>10</u>	<u>12-16</u>				<u>MAX RATE</u>
<u>Release balls to T.D.</u>			<u>TOTAL</u>	<u>6500 #</u>		<u>DISPLACEMENT 6.1</u>
<u>OVERFLUSH</u>	<u>20</u>	<u>16-20</u>	<u>SAND</u>		<u>1700</u>	
<u>TOTAL BCLS</u>	<u>220</u>					

REMARKS:  
Spotted 75 gal - 15% HCL acid on perfs

Location 10:45AM - 12:00PM 45 miles  
AUTHORIZATION [Signature] TITLE \_\_\_\_\_ DATE 3-29-12

Terms and Conditions are printed on reverse side.