



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



1083802

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

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

*pd  
Full  
Amount  
4/10/12*

*#13579*



# LEIS OIL SERVICES



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

Operator License #: 30345	API #: 15-207-28069-00-00
Operator: Piqua Petro, Inc.	Lease: Hammond E
Address: 1331 Xylan Rd Piqua, KS 66761	Well #: 8-12
Phone: 620.433.0099	Spud Date: 3/7/12 Completed: 3/12/12
Contractor License: 32079	Location: SE-SE-SE-NE of 8-245-16E
T.D. : 1103 T.D. of Pipe: 1101	2470 Feet From North
Surface Pipe Size: 7" Depth: 41'	170 Feet From East
Kind of Well: Oil	County: Woodson

## LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
4	Soil and Clay	0	4	12	Shale	942	954
2	Lime	4	6	9	Lime	954	963
177	Shale	6	183	11	Shale	963	974
56	Lime	183	239	4	Lime	974	979
41	Shale	239	260	17	Shale	979	991
204	Lime	260	464	12	Oil Sand	991	1003
15	Shale	464	479	32	Shale	1003	1035
6	Lime	479	485	1	Lime	1035	1036
35	Shale	485	520	3	Shale	1036	1039
3	Lime	520	523	1	Lime	1039	1040
5	Shale	523	528	8	Oil Sand	1040	1048
72	Lime	528	600	55	Shale	1048	1103
3	Black Shale	600	603				
18	Lime	603	621				
2	Shale	621	623				
3	Black Shale	623	626				
25	Lime	626	651				
159	Shale	651	810				
3	Lime	810	813				
22	Shale	813	835				
10	Lime	835	845				
59	Shale	845	904		T.D.		1103
3	Lime	904	907		T.D. of Pipe		1101
3	Shale	907	910				
13	Lime	910	923				
13	Shale	923	936				
4	Lime	936	940				
2	Black Shale	940	942				



ENTERED

TICKET NUMBER 36310

LOCATION Eureka

FOREMAN Steven Reed

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

FIELD TICKET & TREATMENT REPORT

CEMENT 15-207-28069

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-13-12	4950	Hammond E 8-12	8	245	16E	Woodson
CUSTOMER Pigua Petroleum			TRUCK #			
MAILING ADDRESS 1331 Xylan Rd			DRIVER			
CITY Pigua			TRUCK #			
STATE KS		DRIVER				
ZIP CODE		TRUCK #				
		DRIVER				

JOB TYPE Long string HOLE SIZE \_\_\_\_\_ HOLE DEPTH 1103' CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH 1099' DRILL PIPE \_\_\_\_\_ TUBING 2 3/8 OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT In CASING \_\_\_\_\_  
 DISPLACEMENT 6.3 bbls DISPLACEMENT PSI 500\* MIX PSI Bump Plug 1000\* RATE \_\_\_\_\_

REMARKS: Safety Meeting. Rig up to 2 3/8 tubing. Break circulation with 5 bbls Freshwater. Pump 300\* Gel Flush + 5 bbls Freshwater. Mix 160 sks 60/40 Poz mix Cement w/ 5\* Kal Seal, 4% Gel + 1% Caclz. Shut down Wash out Pump & Lines. Stuff 2 plugs. Displace with 6.3 bbls Fresh Water. Final Pumping Pressure 500\*. Bump plug 1000\*. Bled pressure down to 500\* Shut well in. Good Cement Return to surface 3 1/2 bbls Slurry To pit.  
 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
1131	140 sks	60/40 Poz mix Cement	12.55	1757.00
1110A	560 #	Kal Seal 5* per/sk	.46	257.60
1118B	480 #	Gel 4%	.21	100.80
1102	120 #	Caclz 1%	.74	88.80
1118B	300*	Gel Flush	.21	63.00
5407	6027 mi	Tan mileage Bulk Truck	mi/c	350.00
4402	2	2 3/8 Tap Rubber Plug	28.00	56.00
			Sub Total	3863.20
			SALES TAX 7.3%	169.59
			ESTIMATED TOTAL	4032.79

Rev'n 3737

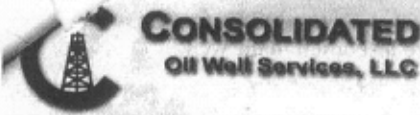
AUTHORIZATION [Signature]

TITLE 248380e

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.





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

78-12  
Hammond "E"  
3RD well

TICKET NUMBER 56760  
FIELD TICKET REF # 47388  
LOCATION Thayer  
FOREMAN Brett Busby

**TREATMENT REPORT  
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-29-12		Wingrove #	# 8	245	16E	WO
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Pigua Petro, Inc.			476	Josh	488T103	Stan
MAILING ADDRESS			490	Donnie	618T95	Marvin
CITY			478	Tim		
STATE			582	Wes		
ZIP CODE			424	Eric		
			488T102	Junior		

**WELL DATA**

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 1/8 8EUE</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>1040.5-50.5 (21) Squirrel</u>	

**TYPE OF TREATMENT**  
Acidspot + frac w/acid OTF

**CHEMICALS**  
KCLSYB - Biocide - Breaker  
Acid-Inhibitor - StimOil

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAD	20	20				BREAKDOWN 1300
20-40		20		300#		START PRESSURE
12-20						END PRESSURE
12-20				2700#		BALL OFF PRESS
Bio-balls (5)		20				ROCK SALT PRESS
12-20				1500#		ISIP 550
12-20					2300	5 MIN
Bio-balls (3) + (2)		20-17				10 MIN
12-20		18				15 MIN
12-20		18		1,500#		MIN RATE
FLUSH CASING	10	18				MAX RATE
Release balls to T.D.			TOTAL	6,000 #		DISPLACEMENT 6.1
OVERFLUSH	15	16-20	SAND		1550	
TOTAL BBL'S	150					

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

Location 12:00PM - 1:00PM 50 miles

AUTHORIZATION [Signature] TITLE \_\_\_\_\_ DATE 3-29-12

Terms and Conditions are printed on reverse side.