



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: _____



1083843

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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Leis Oil Services, LLC1410 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



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 36316
LOCATION Eureka
FOREMAN Steve Mead

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

FIELD TICKET & TREATMENT REPORT

CEMENT API 15-207-28073

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-17-12	4930	Wingrave # 53-12	16	24S	16E	Woodson
CUSTOMER			TRUCK #			
Pigna Petroleum			DRIVER			
MAILING ADDRESS			TRUCK #			
1331 Xylan Rd			DRIVER			
CITY			STATE			
Pigna			KS			
STATE			ZIP CODE			
KS			66761			

JOB TYPE Long string HOLE SIZE _____ HOLE DEPTH 1103 CASING SIZE & WEIGHT _____
CASING DEPTH 1101 DRILL PIPE _____ TUBING 2 7/8 OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 6.4 bbls DISPLACEMENT PSI 800[#] MIX PSI Bump Plug 1800[#] RATE _____

REMARKS: SAFTY Meeting: Rig up to 2 7/8 Tubing. Break Circulation with Fresh Water. Pump 300[#] Gal Flush & 2 bbls Water spacer. Mix 5Ks 60/40 per/ck mix cement w/ 5[#] Kal-Seal, 4% Gel & 1% Cacl₂ AT 13.6[#] per/ck. Shutdown. Wash out pump & lines. Stuff 2 plug. Displace with 6.4 bbls Fresh water. Final Pumping Pressure 800[#]. Bump plug 1800[#]. Blood Pressure down to 500[#]. Shut well in. Good cement Return to surface.
Job Complete Rig-down

(Had little lost circulation)
on this well used more cement 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	165 SKs	60/40 Poz Mix Cement	12.55	2070.75
1110A	825 [#]	Kal-Seal 5 [#] per/ck	.46	379.50
1118B	567 [#]	Gel 4%	.21	119.07
1102	140 [#]	Cacl ₂ 2%	.74	103.60
1118B	300 [#]	Gal Flush	.21	63.00
5407A	7.09	Ten Mileage Bulk Truck	1.34	380.02
4402	2	2 7/8 Tap Rubber Plug	28.00	56.00
			SubTotal	4361.94
			SALES TAX	203.80
			ESTIMATED TOTAL	4565.74

Revin 3737

5485004 2.3%
TITLE Contractor

DATE _____

AUTHORIZATION [Signature]

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 #: 207-28073-00-00	
Operator: Piqua Petro, Inc.		Lease: Wingrave	
Address: 1331 Xylan Rd Piqua, KS 66761		Well #: 55-12	
Phone: 620.433.0099		Spud Date: 3-15-12 Completed: 3-16-12	
Contractor License: 32079		Location: SW-NW-SW-SW of 16-24-16E	
T.D. : 1106	T.D. of Pipe: 1103	850	Feet From South
Surface Pipe Size: 7"	Depth: 42'	170	Feet From West
Kind of Well: Oil		County: Woodson	

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
7	Soil and Clay	0	7	8	Shale	988	996
31	Lime	7	38	4	Lime	996	1000
162	Shale	38	200	4	Black Shale	1000	1004
29	Lime	200	229	2	Lime	1004	1006
3	Shale	229	232	8	Sandy Shale	1006	1014
158	Lime	232	390	3	Oil Sand	1014	1017
3	Shale	390	393	32	Shale	1017	1049
17	Lime	393	410	1	Lime	1049	1050
37	Shale	410	447	4	Shale	1050	1054
19	Lime	447	466	1	Lime	1054	1055
24	Shale	466	490	3	Shale	1055	1058
4	Lime	490	494	2	Oil Sand	1058	1060
36	Shale	494	530	43	Shale	1060	1103
102	Lime	530	632				
5	Shale	632	637				
17	Lime	637	654				
173	Shale	654	827				
2	Lime	827	829				
15	Shale	829	844				
15	Lime	844	861				
56	Shale	861	917		T.D.		1106
3	Lime	917	920		T.D. of Pipe		1103
2	Shale	920	922				
29	Lime	922	951				
14	Shale	951	965				
10	Lime	965	975				
8	Shale	975	983				
5	Lime	983	988				



CONSOLIDATED
Oil Well Services, LLC

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

4TH well

TICKET NUMBER 56761
FIELD TICKET REF # 47387
LOCATION Thayer
FOREMAN Brett Busby

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-29-12		Wingrave #55-12	16	24S	16E	WO

CUSTOMER
Pigna Petro, Inc

MAILING ADDRESS

CITY STATE ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
476	Josh	618T95	Marvin
490	Donnie		
478	Tim		
582	Wes		
424	Eric		
488T102	Junior		

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 7/8 850E</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>1015-21 (9)</u>	<u>Squirrel</u>
<u>1056-64 (11)</u>	

TYPE OF TREATMENT
Acid spot + frac w/acid OTF

CHEMICALS
ACLSUB-Biocide - Breaker
Acid-inhibitor - StimOil

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAD	20					BREAKDOWN
20-40				300#		START PRESSURE
12-20						END PRESSURE
12-20				3200		BALL OFF PRESS
Bio-balls (5) - (4)						ROCK SALT PRESS
12-20						ISIP <u>550</u>
12-20						5 MIN
Bio balls -						10 MIN
12-20						15 MIN
12-20				3000#		MIN RATE
FLUSH CASING 10						MAX RATE
Release balls to T.D.			TOTAL	6,500#		DISPLACEMENT <u>6.2</u>
OVERFLUSH 20			SAND			
TOTAL BBL'S 275						

REMARKS:
Spotted 75 gal - 15% HCL acid on perfs
Blend (150) gal raw HCL acid OTF
Location 1:00PM - 2:00PM 45: miles
AUTHORIZATION WCL TITLE _____ DATE 3-29-12

Terms and Conditions are printed on reverse side.