



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: _____



1084502

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

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



Operator License #: 30345		API #: 15-207-28119-00-00	
Operator: Piqua Petro Inc.		Lease: Hammond E	
Address: 1331 Xylan Rd Piqua, KS 66761		Well #: 6-12	
Phone: (620) 433-0099		Spud Date: 4-19-12 Completed: 4-20-12	
Contractor License: 32079		Location: SE-NE-SE-NE of 8-24S-16E	
T.D. : 1116	T.D. of Pipe: 1112	1810	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
9	Soil/Clay	0	9	2	Black Shale	989	991
9	Lime	9	18	9	Shale	991	1000
176	Shale	18	194	11	Oil Sand	1000	1011
52	Lime	194	246	33	Shale	1011	1044
20	Shale	246	266	1	Lime	1044	1045
206	Lime	266	472	2	Shale	1045	1047
16	Shale	472	488	1	Lime	1047	1048
8	Lime	488	496	11	Oil Sand	1048	1059
32	Shale	496	528	57	Shale	1059	1116
75	Lime	528	603				
5	Shale	603	608				
21	Lime	608	629		T.D.		1116
5	Shale	629	634		T.D. of pipe		1112
26	Lime	634	660				
159	Shale	660	819				
4	Lime	819	823				
19	Shale	823	842				
14	Lime	842	856				
79	Shale	856	915				
3	Lime	915	918				
5	Shale	918	923				
12	Lime	923	935				
11	Shale	935	946				
4	Lime	946	950				
14	Shale	950	964				
10	Lime	964	974				
8	Shale	974	982				
5	Lime	982	987				
2	Shale	987	989				

Leis Oil Services, LLC1410 150th Rd
Yates Center, KS 66783**Invoice**

Number: 1001

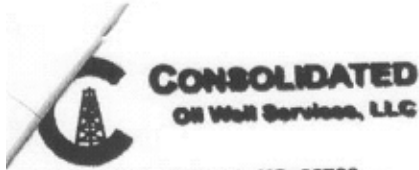
Date: May 14, 2012

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

Date	Description	Hours	Rate	Amount
4-12-12	Drill pit	1.00	100.00	100.00
4-12-12	cement for surface	10.00	12.60	126.00
4-13-12	Drilled Sovoboda 33-11	1,233.00	6.25	7,706.25
4-13-12	Drill pit	1.00	100.00	100.00
4-13-12	cement for surface	10.00	12.60	126.00
4-16-12	Drilled Sovoboda 34-11	1,236.00	6.25	7,725.00
4-17-12	Drill pit	1.00	100.00	100.00
4-17-12	cement for surface	8.00	12.60	100.80
4-18-12	drilled Stranghorner 2-12	1,253.00	6.25	7,831.25
4-19-12	Drill pit	1.00	100.00	100.00
4-20-12	cement for surface	10.00	12.60	126.00
4-20-12	Drilled Hammond E 6-12	TO 1,116.00	6.25	6,975.00
4-23-12	Drill pit	1.00	100.00	100.00
4-24-12	cement for surface	8.00	12.60	100.80
4-24-12	Drilled Wingrave 59-12	1,073.00	6.25	6,706.25

0 - 30 days	31 - 60 days	61 - 90 days	> 90 days	Total
\$44,917.90	\$0.00	\$0.00	\$0.00	\$44,917.90



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

ENTERED

TICKET NUMBER 36425
LOCATION Eureka, KS
FOREMAN Shannon Feck

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-20-12	4950	Hammond E 6-12				WO
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Piva Petroleum			485	Alan M		
MAILING ADDRESS			479	Merle R.		
1331 xylan Rd			637	Jim M		
CITY	STATE	ZIP CODE				
Piva	KS	66761				

JOB TYPE Longstring HOLE SIZE _____ HOLE DEPTH 1116' CASING SIZE & WEIGHT _____
 CASING DEPTH 1109' DRILL PIPE _____ TUBING 2 3/8" OTHER _____
 SLURRY WEIGHT 13.2-13.6 SLURRY VOL 39 Bbl WATER gal/sk 7.0 CEMENT LEFT in CASING none
 DISPLACEMENT 6.4 Bbl DISPLACEMENT PSI 600 MIX PSI Bump Plug @ 1100 PSI RATE mix 5 Bbl/min displace 1 Bbl/min
 REMARKS: Rig up to 2 3/8" Tubing, Break Circulation, mix 300# Gel Flush, mixed 140 SKS 60/40 Pozmix Cement with 5# Kolseal/SK, 4% gel, + 1% calcium. Shut down wash out pump + lines + stuff two plugs. Displace with 6.4 Bbl water. Final pumping pressure of 600psi, bump plugs to 1100psi, bleed pressure back to 500psi + shut well in. Good circulation @ all times. 5 Bbl slurry to pit Job complete.

"Thanks Shannon + Crew"

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 Pozmix cement	12.55	1757.00
1110A	560 #	Kol-seal @ 5#/sk	.46	257.60
1118B	480 #	Gel @ 4%	.21	100.80
1102	120 #	Calcium @ 1%	.74	88.80
1118B	300 #	Gel Flush	.21	63.00
5407	6.02 Tons	Ton mileage bulk truck	m/k	350.00
1123	3000 gals	City Water	16.50/1000	49.50
5502C	3 HRS	80 Bbl Vac Truck	90.00	270.00
4402	2	2 3/8" Rubber Plugs	28.00	56.00
			Sub Total	4182.10
			7.3% SALES TAX	173.21
			ESTIMATED TOTAL	4355.90

Rev'n 3737 AUTHORIZATION [Signature] TITLE [Signature] 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