



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: _____



1084916

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



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

Operator License #: 30345		API #: 15-207-28084-00-00	
Operator: Piqua Petro, Inc.		Lease: Wingrave	
Address: 1331 Xylan Rd Piqua, KS 66761		Well #: 57-12	
Phone: 620.433.0099		Spud Date: 3-19-12 Completed: 3-26-12	
Contractor License: 32079		Location: SE-SW-SW-NW of 16-24-16E	
T.D. : 1103	T.D. of Pipe: 1101	2650	Feet From South
Surface Pipe Size: 7"	Depth: 41'	450	Feet From West
Kind of Well: Oil		County: Woodson	

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
4	Soil and Clay	0	4	8	Shale	978	986
151	Shale	4	155	2	Lime	986	988
287	Lime	155	442	2	Shale	988	990
16	Shale	442	458	7	Oil Sand	990	997
2	Lime	458	460	37	Shale	997	1034
8	Shale	460	468	2	Lime	1034	1036
3	Lime	468	471	2	Shale	1036	1038
35	Shale	471	506	1	Lime	1038	1039
80	Lime	506	586	10	Oil Sand	1039	1049
4	Shale	586	590	54	Shale	1049	1103
2	Black Shale	590	592				
50	Lime	592	642				
64	Shale	642	806				
3	Lime	806	809				
21	Shale	809	831				
9	Lime	831	840				
38	Shale	840	878				
4	Lime	878	882				
19	Shale	882	901				
4	Lime	901	905				
7	Shale	905	912				
14	Lime	912	926		T.D.		1103
9	Shale	926	935		T.D. of Pipe		1101
3	Lime	935	938				
15	Shale	938	953				
8	Lime	953	961				
13	Shale	961	974				
4	Lime	974	978				

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

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

#13529



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 36373
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
3-22-12	4950	Wingrave # 57-12				Woodson
CUSTOMER Pigua Petroleum			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 1371 Xylan Rd			485	Alan m.		
CITY STATE ZIP CODE Pigua KS			611	Jay		

JOB TYPE Longstring HOLE SIZE _____ HOLE DEPTH 1103' CASING SIZE & WEIGHT _____
CASING DEPTH 1101 DRILL PIPE _____ TUBING 2 7/8 OTHER _____
SLURRY WEIGHT 13.6* SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING _____
DISPLACEMENT 6.5 bbls DISPLACEMENT PSI 700* Bump plug 1100* MIX PSI _____ 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 140 SKS 60/40 Poz mix Cement w/ 4* Kal-seal pack 4% Gel + 1% Calc. At 13.6* pd/gal. Shut down wash out pump & line. Stuff 2 plugs Displace with 6.5 bbls Fresh water. Final pumping pressure 700* Bump Plug 1100*. Bleed pressure back to 500* Shut well in. Good cement returns to surface 6 bbls slurry at IT
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 4* pack	.46	257.60
1118B	480*	Gel 4%	.21	100.80
1102	120*	Calc 1%	.74	88.80
1118A	300*	Gel Flush	.21	63.00
5407	6.02 hrs	Township BALK Truck	mic	350.00
4402	2	2 7/8" Top Rubber Plug	28.00	56.00
			Subtotal	3963.20
			SALES TAX	169.59
			ESTIMATED TOTAL	4132.79

Ravin 3737

048618

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