



KANSAS CORPORATION COMMISSION 1086017
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

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: _____



1086017

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: June 07, 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
		Hammond 3 Wells

Date	Description	Hours	Rate	Amount
5-31-12	Drill pit	100.00	1.00	100.00
5-31-12	cement for surface	8.00	12.60	100.80
6-1-12	Hammond E 16-12	1,102.00	6.25	6,887.50
6-2-12	Drill pit	100.00	1.00	100.00
6-2-12	cement for surface	8.00	12.60	100.80
6-4-12	Hammond E 24-12	1,085.00	6.25	6,781.25
6-4-12	Drill pit	100.00	1.00	100.00
6-4-12	cement for surface	8.00	12.60	100.80
6-5-12	Hammond E I-1-12	1,088.00	6.25	6,800.00
6-5-12	Dozer time leveling and filling pits	2.00	65.00	130.00
Total				\$21,201.15

0 - 30 days	31 - 60 days	61 - 90 days	> 90 days	Total
\$21,201.15	\$0.00	\$0.00	\$0.00	\$21,201.15



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 34666
LOCATION Eureka
FOREMAN Steve Mead

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

FIELD TICKET & TREATMENT REPORT

CEMENT *N/A*

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-4-12	4950	Hammond #16-12				Woodson

CUSTOMER		TRUCK #		DRIVER	
Pigua Petroleum		#495		Alan M	
MAILING ADDRESS		515		Calin	
1831 Xylan Rd.					
CITY	STATE	ZIP CODE			
Pigua	Ks	66761			

JOB TYPE Longstring HOLE SIZE _____ HOLE DEPTH 1105' 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 6.39 bbls DISPLACEMENT PSI 500* Bump plug 1000* RATE _____

REMARKS: Safety Meeting: Rig up to 2 3/8 Tubing. Break Circulation w/ Fresh water. Pump 700* Gel Flush 5 bbls water spacer. Mix 140 lbs 60/40 Pozmix Cement. Add 5* Kal-Seal, 4% Gel & 1% CaCl2. Shut down washout pump & lines. Stuff 2 plugs. Displace with 6.39 bbls Fresh water. Final pumping pressure 500*. Bump plug to 1000*. Bleed pressure back to 500*. Shut well in. Good cement returns to surface. 6 bbl 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 Pozmix Cement	12.55	1757.00
110A	560 FT	Kal Seal 5* perisk	.46	257.60
11188	480 *	Gel 4%	.21	100.80
1102	120 *	CaCl2 .12%	.74	88.80
111813	300*	Gel Flush	.21	63.00
5407	602 Ton	Tan mileage Bulk Truck	71K	350.00
4402	2	2 3/8 Rubber Plug	28.00	56.00
			SubTotal	3863.20
			SALES TAX <i>250431</i> 2.3%	162.59
			ESTIMATED TOTAL	4025.79

Flavin 3737

AUTHORIZATION [Signature] TITLE Contractor 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

Operator License #: 30345		API #: 15-207-28130-00-00	
Operator: Piqua Petro Inc.		Lease: Hammond E	
Address: 1331 Xylan Rd Piqua, KS 66761		Well #: 16-12	
Phone: (620) 433-0099		Spud Date: 5-31-12 Completed: 6-1-12	
Contractor License: 32079		Location: SW-SE-SE-NE of 8-24S-16E	
T.D. : 1102	T.D. of Pipe: 1099	2470	Feet From North
Surface Pipe Size: 7"	Depth: 41'	500	Feet From East
Kind of Well: Oil		County: Woodson	

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
8	Soil/Clay	0	8	11	Shale	963	974
175	Shale	8	183	6	Lime	974	980
51	Lime	183	234	2	Black Shale	980	982
24	Shale	234	258	11	Shale	982	993
203	Lime	258	461	7	Good Oil Sand	993	1000
9	Shale	461	470	6	Broken Oil Sand	1000	1006
3	Lime	470	473	29	Shale	1006	1035
5	Shale	473	478	1	Lime	1035	1036
6	Lime	478	484	2	Shale	1036	1038
35	Shale	484	519	11	Oil Sand	1038	1049
44	Lime	519	563	54	Shale	1049	1102
6	Shale	563	569		T.D.		1102
22	Lime	569	591		T.D. of pipe		1099
13	Shale	591	604				
18	Lime	604	622				
4	Black Shale	622	626				
25	Lime	626	651				
161	Shale	651	812				
4	Lime	812	816				
19	Shale	816	835				
10	Lime	835	845				
59	Shale	845	904				
2	Lime	904	906				
5	Shale	906	911				
12	Lime	911	923				
12	Shale	923	935				
4	Lime	935	939				
16	Shale	939	955				
12	Lime	955	963				