



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: _____



1086020

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 (Specify) _____ <i>(Submit ACO-4)</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 34667
LOCATION Eureka
FOREMAN Steve Mead

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

FIELD TICKET & TREATMENT REPORT
CEMENT *NA*

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-4-12	4936	Hammond # 24-12				Woodson
CUSTOMER Pigua Petroleum			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1331 Xylan			485	Alan m.		
CITY Pigua			667	Joey		
STATE KS		ZIP CODE 66761				

JOB TYPE Longstring HOLE SIZE _____ HOLE DEPTH 1096' CASING SIZE & WEIGHT _____
CASING DEPTH 1088' DRILL PIPE _____ TUBING 2 3/4" OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 6-30 bbls DISPLACEMENT PSI 500^{PSI} ^{Pump} MIX PSI 1700^{PSI} RATE _____

REMARKS: Safety Meeting. Rig up to 2 3/4" Tubing. Break Circulation w/ Fresh water. Mix 300^{PSI} Gel Flush 5 bbls water spacer. Mix 140 sks 60/40 port mix cement w/ 5" Kol Seal, 4% Gel & 1% Coc12. Shut down. Washout pump & line. Stuff 2 plugs. Displace w/ 6-30 bbls Fresh water. Final pumping pressure 500^{PSI}. Bump plug to 1700^{PSI}. Bleed pressure back to 500^{PSI}. Shut well in. Good cement return to surface. 6 bbls to port. Job complete Rig down.

Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1036.00	1036.00
5406	-	MILEAGE <u>N/C 2 3/4" well</u>	-	-
1131	140 sks	60/40 port mix cement	12.55	1757.00
1110A	560*	Kol Seal 5" port sk	.46	257.60
1118B	480*	Gel 4%	.21	100.80
1102	120*	Coc12 1%	.74	88.80
1118B	300*	Gel Flush	.21	63.00
5407	602700	Fair mileage bulk Truck	mil	360.00
4402	2	2 3/4" Rubber plug	28.00	56.00
		Subtotal		3703.30
		SALES TAX <u>7.3%</u>		169.59
		ESTIMATED TOTAL		3872.79

Rev'n 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 #: 15-207-28131-00-00	
Operator: Piqua Petro Inc.		Lease: Hammond E	
Address: 1331 Xylan Rd Piqua, KS 66761		Well #: 24-12	
Phone: (620) 433-0099		Spud Date: 6-2-12 Completed: 6-4-12	
Contractor License: 32079		Location: SE-SW-SE-NE of 8-24S-16E	
T.D. : 1085	T.D. of Pipe: 1083	2470	Feet From North
Surface Pipe Size: 7"	Depth: 41'	830	Feet From East
Kind of Well: Oil		County: Woodson	

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
8	Soil/Clay	0	8	4	Lime	936	940
175	Shale	8	183	14	Shale	940	954
55	Lime	183	238	10	Lime	954	964
19	Shale	238	257	9	Shale	964	973
204	Lime	257	461	5	Lime	973	978
8	Shale	461	469	3	Shale	978	981
4	Lime	469	473	2	Black Shale	981	983
5	Shale	473	478	9	Shale	983	992
3	Lime	478	481	7	Oil Sand/good bld	992	999
37	Shale	481	519	37	Shale	999	1036
71	Lime	519	590	1	Lime	1036	1037
5	Shale	590	595	2	Shale	1037	1039
2	Black Shale	595	597	5	Oil Sand	1039	1044
2	Lime	597	599	8	Sand/some oil	1044	1057
4	Shale	599	603	28	Shale	1057	1085
17	Lime	603	620				
5	Black Shale	620	625				
7	Lime	625	632				
4	Shale	632	636		T.D.		1085
15	Lime	636	651		T.D. of Pipe		1083
158	Shale	651	809				
6	Lime	809	815				
20	Shale	815	835				
10	Lime	835	845				
61	Shale	845	906				
3	Lime	906	909				
4	Shale	909	913				
13	Lime	913	926				
10	Shale	926	936				