



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: _____



1086669

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 #: 15-001-30359-00-00	
Operator: Piqua Petro, Inc.		Lease: Stranghorner	
Address: 1331 Xylan Rd Piqua, KS 66761		Well #: 2-12	
Phone: 620.433.0099		Spud Date: 4/17/12 Completed: 4/18/12	
Contractor License: 32079		Location: NW-NE-SW-SE of 14-24S-17E	
T.D. : 1253	T.D. of Pipe: 1251	1140 Feet From	South
Surface Pipe Size: 7"	Depth: 21'	1940 Feet From	East
Kind of Well: Oil		County: Woodson	

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
6	Soil	0	6	11	Shale	758	769
2	Clay	6	8	4	Lime	769	773
4	Lime	8	12	18	Shale	773	791
1	Gravel	12	13	28	Lime	791	819
45	Lime	13	58	3	Shale	819	822
110	Shale	58	168	3	Lime	822	825
15	Lime	168	183	41	Shale	825	866
8	Shale	183	191	1	Lime	866	867
2	Lime	191	193	13	Broken Sand	867	880
19	Shale	193	212	302	Shale	880	1182
55	Lime	212	267	1	Coal	1182	1183
30	Shale	267	297	7	Shale	1183	1190
3	Lime	297	300	17	Lime	1190	1207
39	Shale	300	339	2	Oil Break	1207.5	1209
72	Lime	339	411	44	Lime	1209	1253
2	Shale	411	413				
2	Black Shale	413	415				
24	Lime	415	439				
3	Black Shale	439	442				
19	Lime	442	461				
179	Shale	461	640				
3	Lime	640	643		T.D.		1253
19	Shale	643	662		T.D. of Pipe		1251
9	Lime	662	671				
66	Shale	671	737				
3	Lime	737	740				
5	Shale	740	745				
13	Lime	745	758				

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	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



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 36443

LOCATION Funck

FOREMAN Steve Masel

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

FIELD TICKET & TREATMENT REPORT

CEMENT 15-G91-30359

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-19-12	4950	Sirangaharner #212				Allen

TRUCK #	DRIVER	TRUCK #	DRIVER
485	Alan M		
515	Mark		

CUSTOMER: Pigou Petroleum
MAILING ADDRESS: 1331 Xylan Rd
CITY: Pigou STATE: Ks ZIP CODE: _____
JOB TYPE: Long string HOLE SIZE: _____ HOLE DEPTH: 1253' CASING SIZE & WEIGHT: _____
CASING DEPTH: 1250' DRILL PIPE: _____ TUBING: 2 3/8 OTHER: _____
SLURRY WEIGHT: 12.1 SLURRY VOL: _____ WATER gal/sk: _____ CEMENT LEFT in CASING: _____
DISPLACEMENT: 285 bbls DISPLACEMENT PSI: 500* 3000 1800* RATE: _____

REMARKS: Safety meeting. Rig up to 2 3/8 Tubing. Break Circulation w/ Fresh Water. Pump 300* Gel flush + 5 bbls Water spacer. Mix 90 sks OWC Cement w/ 2" Phenoseal 285# AT 12.6 ppgal. Shut down Washout Pump & Lines. STUFF 2 plugs. Displace with 235 bbls Fresh water. Final pumping Pressure 500* Bump plug 1800*. Shut well in 600* Grand 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	45	MILEAGE	4.00	180.00
1126	135 sks	OWC Cement	18.80	2538.00
1107A	68"	Phenoseal 2"	1.29	87.72
1118B	300*	Gel flush	.21	63.00
5407A	7.02 tons		1.34	423.31
4402	2	2 3/8" Tap Rubber Plugs	28.00	56.00
			Sub Total	4978.03
			SALES TAX	207.23
			ESTIMATED TOTAL	4585.36

Revin 3737

AUTHORIZATION [Signature]

249190

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