



**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: \_\_\_\_\_



1089859

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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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# RIG 6 DRILLING CO. INC

PO BOX # 227

R.K. 'BUD' SIFERS  
620 365 6294

IOLA, KS  
66749

JOHN BARKER  
620 365 7806

COMPANY: Piqua Petro  
ADDRESS: 1331 Xylan Rd  
Piqua, KS 66761  
Greg Lair  
LEASE: Stockebrand  
COUNTY: Woodson  
LOCATION 180 FNL/1050 FWL  
Sec 1-Twp 24- Rng 14e

COMMENCED: 6/12/2012  
COMPLETED: 6/20/2012  
WELL #: 2-12  
API#: 15-207-28,199  
STATUS: Oil Well  
TOTAL DEPTH:  
CASING: 40'-8 5/8" cmt w/ 15 sx  
1675'-4 1/2" csg Consol. Cmt

## DRILLER'S LOG

3	Soil & Sandstone	1389	SH
84	SH	1520	SH
90	LS w/SH Brks	1530	LS w/SH Strks
124	SH	1545	SH
129	LS	1549	CO
274	SH w/LS Strks	1562	SH
277	LS	1563	CO
455	SH	1584	SH
504	LS w/SH Brks	1586	CO
527	SH	1590	SH
654	LS w/SH	1591	CO
672	SH	1605	SH w/SA
732	LS w/Sdy LS	1614	Mississippi SA
773	SH w/red Strks	1616	SA LS (lite odor)
850	LS	1622	LS
864	SH	1624	SA (no odor)
900	LS	1629	SD (fair odor)
1080	SH	1678	LS
1090	LS		
1226	SH w/LS brks		
1228	LS	1678	T.D.
1236	SH & SA (fair odor)		
1305	SH w/LS Brks		
1324	LS		
1326	CO		
1358	LS w/SH		

# RIG 6 DRILLING CO. INC

PO BOX # 227

R.K.'BUD' SIFERS IOLA,KS  
620 365 6294 66749

JOHN BARKER  
620 365 7806

INVOICE #: 20559  
COMPANY: Piqua Petro, Inc  
ADDRESS: 1331 Xylan Rd.  
Piqua, KS 66761

DATE: 7/2/2012  
LEASE: Stockebrand  
COUNTY: Woodson  
WELL #: 2-12  
API #: 15-207-28,199

ORDERED BGreg

SERVICE	RATE	UNITS	
Location Pit Charge		1	N/C
Set Surface Csg.		4	N/C
Cement Surface/W.O.C.	\$250.00 Per Hr	8	N/C
Drilling Charge	\$10.00 Per Ft	1675	\$16,750.00
Circulating	\$250.00 Per Hr	2	\$0.00
Drill Stem Test	\$250.00 Per Hr		N/C
Logging	\$250.00 Per Hr		N/C
Core Samples	\$500.00 Per Run		N/C
Water Hauling	\$40.00 Per Hr	1	N/C
Bit Charge (Lime W/O)	Cost + 10%		N/C
Drill Stem Lost	\$28.00 Per Ft		N/C
Trucking	\$40. per hr + \$1./ mi		N/C
Roustabout	\$23.00 Per Man Hr		N/C
Running Casing	\$250.00 Per Hr	1	N/C
Rigging Up	\$250.00 Per Hr	1	N/C
Rigging Down	\$250.00 Per Hr	1	N/C
Other			
Fuel Assess.			
Move Rig			
Material Provided:			
Cement	\$8.00 Per Sx	15	\$80.00
Sample Bags			\$0.00

TOTAL AMOUNT

\$16,830.00

REMIT TO: RIG 6 DRILLING, INC  
PO BOX 227  
IOLA, KS 66749

*PL # 3239*

THANK YOU !!! WE APPRECIATE YOUR BUSINESS !!!

*7/9/12*



**CONSOLIDATED**  
Oil Well Services, LLC

**ENTERED**

TICKET NUMBER 34759  
LOCATION Eureka  
FOREMAN Rex Ledford

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

**FIELD TICKET & TREATMENT REPORT**

CEMENT API# 15-207-28199

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/20/12	4950	Stackebrand 2-12	1	24S	14E	Woods
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Pigna Petroleum			520	John		
MAILING ADDRESS			667	Joey		
1331 Xylon Rd			637	Chris B.		
CITY	STATE	ZIP CODE				
Pigna	KS					

JOB TYPE L/S HOLE SIZE 6 3/4" HOLE DEPTH 1678' CASING SIZE & WEIGHT 4 1/2"  
 CASING DEPTH 1675' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.2#-13.5# SLURRY VOL 60 Bbl WATER gal/sk 8.0-9.0 CEMENT LEFT in CASING 0'  
 DISPLACEMENT 26.6 Bbls DISPLACEMENT PSI 600 PSI 1000 Bump plus RATE \_\_\_\_\_

REMARKS: Safety meeting- Rig up to 4 1/2" casing. Break circulation w/ 10 Bbl fresh water. Mixed 145 sacks 60/40 Pozmix cement w/ 870 gal + 1/2" phosacel/sk @ 13.2#/gal Tail in w/ 50 sacks thickset cement w/ 5" Kal-seal/sk @ 13.5#/gal. Washout pump + lines. Shut down, release plug. Displace w/ 26.6 Bbl fresh water. Final pump pressure 600 PSI. Bump plug to 1000 PSI, wait 2 minutes, release pressure, float + plug held. Good cement returns to surface = 10 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
1131	145 SCS	60/40 Pozmix cement	12.55	1819.75
1118B	990#	870 gal	.21	207.90
1107A	72#	1/2" phosacel/sk	1.29	92.88
1126A	50 SCS	thickset cement	19.20	960.00
1110A	250#	5" Kal-seal/sk	.46	115.00
5407	2	tan mileage bulk TRK	m/c x 2	200.00
5502C	3 hrs	80 Bbl vac. TRK	90.00	270.00
1123	3000 gals	city water	16.50/1000	49.50
4404	1	4 1/2" top rubber plug	45.00	45.00
			Subtotal	5470.03
			7.3% SALES TAX	240.18
			ESTIMATED TOTAL	5710.21

Revin 3737

AUTHORIZATION Ronald West 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