



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: _____



1089903

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 <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 #: 15-207-28132-00-00	
Operator: Piqua Petro Inc.		Lease: Hammond E	
Address: 1331 Xylan Rd Piqua, KS 66761		Well #: 5-12	
Phone: (620) 433-0099		Spud Date: 7-9-12 Completed: 7-10-12	
Contractor License: 32079		Location: NW-SE-SE-NE of 8-24S-16E	
T.D. : 1098	T.D. of Pipe: 1095	1480	Feet From North
Surface Pipe Size: 7"	Depth: 41'	170	Feet From East
Kind of Well: Oil		County: Woodson	

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
8	Soil/Clay	0	8	6	Lime	966	972
4	Lime	8	12	11	Shale	972	983
189	Shale	12	201	6	Lime	983	989
34	Lime	201	235	13	Shale	989	1002
6	Shale	235	241	12	Oil Sand	1002	1014
13	Lime	241	254	8	Sandy Shale/some oil	1014	1022
19	Shale	254	273	30	Shale	1022	1052
205	Lime	273	478	10	Oil Sand	1052	1062
14	Shale	478	492	36	Shale	1062	1098
7	Lime	492	499				
32	Shale	499	531				
74	Lime	531	605				
4	Shale	605	609		T.D.		1098
3	Black Shale	609	612		T.D. of pipe		1095
24	Lime	612	636				
2	Shale	636	638				
2	Black Shale	638	640				
23	Lime	640	663				
163	Shale	663	826				
3	Lime	826	829				
18	Shale	829	847				
11	Lime	847	858				
59	Shale	858	917				
2	Lime	917	919				
6	Shale	919	925				
13	Lime	925	938				
10	Shale	938	948				
4	Lime	948	952				
14	Shale	952	966				

Leis Oil Services, LLC

1410 150th RD
Yates Center, KS 66783

Invoice

Number: 1091

Date: July 31, 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
	Due Upon Receipt	Hammond E

Date	Description	Hours	Rate	Amount
7-10-12	Drill pit	100.00	1.00	100.00
7-10-12	cement for surface	8.00	12.60	100.80
7-10-12	Drilling for Hammond E 5-12	1,098.00	6.25	6,862.50
7-12-12	Drill pit	100.00	1.00	100.00
7-12-12	cement for surface	8.00	12.60	100.80
7-12-12	Drilling for Hammond E 15-12	1,092.00	6.25	6,825.00
7-13-12	Drill pit	100.00	1.00	100.00
7-13-12	cement for surface	8.00	12.60	100.80
7-13-12	Drilling for Hammond E 4-12	1,100.00	6.25	6,875.00
7-16-12	Drill pit	100.00	1.00	100.00
7-16-12	cement for surface	8.00	12.60	100.80
7-16-12	Drilling for Hammond E 14-12	1,100.00	6.25	6,875.00
Total				\$28,240.70

I pd this

*pd #352
7/30/12*

0 - 30 days	31 - 60 days	61 - 90 days	> 90 days	Total
\$28,240.70	\$0.00	\$0.00	\$0.00	\$28,240.70



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 34906

LOCATION Eureka

FOREMAN Rick Ledford

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

FIELD TICKET & TREATMENT REPORT

CEMENT

API # 15-207-28132

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-13-12	4950	Hammond E 5-12				Woodson
CUSTOMER Piqua Petroleum			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1331 Xylan Rd			445	Dave		
CITY			611	Joey		
STATE KS						
ZIP CODE						

JOB TYPE W/S 0 HOLE SIZE _____ HOLE DEPTH 1098' CASING SIZE & WEIGHT _____
 CASING DEPTH 1095' DRILL PIPE _____ TUBING 2 7/8" OTHER _____
 SLURRY WEIGHT 13.6* SLURRY VOL. 37 Bbl WATER gal/sk 8.0 CEMENT LEFT IN CASING 0'
 DISPLACEMENT 6.3 BW DISPLACEMENT PSI 400 PSI 500 shut in RATE _____

REMARKS: Safety meeting - Rig up to 2 7/8" tubing Break circulation w/ 4 BW fresh water. Pump 6 sks gel-flush, 5 Bbl water spacer. Mixed 140 sks 60/40 Permox cement w/ 5" Kol-seal/sk, 420 gal + 170 ccs @ 13.6*/gal. shut down, Washout pump + lines, stuff 2 plugs. Displace w/ 6.3 Bbl fresh water. Final pump pressure 400 PSI. Pump plug to 800 PSI. Close well in @ 500 PSI. Good cement returns to surface = 5 Bbl slurry to pit. Job complete. Rig down

" Thanks "

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	0	MILEAGE	n/c	n/c
1131	140 sks	60/40 Permox cement	12.55	1757.00
1110A	200*	5" Kol-seal/sk	.46	322.00
1118B	480*	420 gal	.21	100.80
1102	120*	170 ccs	.74	88.80
1118B	300*	gel-flush	.21	63.00
5407	6.02	ten mileage truck	n/c	350.00
4402	2	2 7/8" top rubber plugs	28.00	56.00
		subtotal		3767.60
		SALES TAX	7.3%	174.80
		ESTIMATED TOTAL		3941.90

Revin 3737

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.