



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
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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: _____



1089904

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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LEIS OIL SERVICES



111 East Mary • Yates Center, Kansas 66783 • (620) 625-3676

Operator License #: 30345		API #: 15-207-28230-00-00	
Operator: Piqua Petro Inc.		Lease: Hammond E	
Address: 1331 Xylan Rd Piqua, KS 66761		Well #: 15-12	
Phone: (620) 433-0099		Spud Date: 7-11-12 Completed: 7-12-12	
Contractor License: 32079		Location: NW-SE-SE-NE of 8-24S-16E	
T.D. : 1092	T.D. of Pipe: 1087	2140	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
12	Soil/Clay	0	12	11	Shale	969	980
3	Lime	12	15	5	Lime	980	985
175	Shale	15	190	13	Shale	985	998
54	Lime	190	244	10	Oil Sand	998	1008
18	Shale	244	262	34	Shale	1008	1042
114	Lime	262	376	16	Oil Sand	1042	1058
8	Shale	376	384	34	Shale	1058	1092
80	Lime	384	464				
18	Shale	464	482				
8	Lime	482	490				
30	Shale	490	520				
107	Lime	520	627		T.D.		1092
5	Shale	627	632		T.D. of pipe		1087
3	Black Shale	632	635				
21	Lime	635	656				
157	Shale	656	813				
4	Lime	813	817				
26	Shale	817	843				
10	Lime	843	853				
4	Shale	853	857				
4	Lime	857	861				
52	Shale	861	913				
2	Lime	913	915				
5	Shale	915	920				
10	Lime	920	930				
13	Shale	930	943				
3	Lime	943	946				
14	Shale	946	960				
9	Lime	960	969				

Leis Oil Services, LLC1410 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 34905

LOCATION Euiera

FOREMAN Rick Ledford

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

FIELD TICKET & TREATMENT REPORT

CEMENT

API# 15-207-28230

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-13-12	4950	Hammond E 15-12				Woodson
CUSTOMER			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE						

JOB TYPE 4/5 a HOLE SIZE _____ HOLE DEPTH 1092' CASING SIZE & WEIGHT _____
 CASING DEPTH 1092' 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 bbl/s DISPLACEMENT PSI 400 ~~PSI~~ 500 shut in RATE _____

REMARKS: Safety meeting- Rig up to 2 7/8" tubing. Break circulation w/ 2 bbl fresh water. Pump 6 sxs gel-flush, 5 bbl water spacer. Mixed 140 sxs 60/40 Permian cement w/ 5" Kel-seal/sx 470 gel + 170 caclz @ 13.6" /gal. shut down, washout prep + lines, stiff 2 plugs Displace w/ 6.3 bbl fresh water. Final pump pressure 400 PSI. Bump plug to 800 PSI. Clean well in @ 500 PSI. Good cement returns to surface = 5 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 sxs	60/40 Permian cement	12.55	1757.00
1110A	700"	5" Kel-seal/sx	.46	322.00
1118B	480"	470 gel	.21	100.80
1102	120"	170 caclz	.74	88.80
1118B	300"	gel-flush	.21	63.00
5407	6.02	tax mileage bulk tax	m/c	350.00
4402	2	2 7/8" top rubber plugs	28.00	56.00
			Subtotal	3927.60
			SALES TAX	174.30
			ESTIMATED TOTAL	4101.90

Revin 3737

AUTHORIZATION [Signature] TITLE 251261 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