



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



1091152

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
---	---

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
-----------------------------------	-----------	---------	-------------	---------------	---------

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	---	---



# LEIS OIL SERVICES

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



Operator License #: 30345		API #: 15-207-28118-00-00	
Operator: Piqua Petro Inc.		Lease: Hammond S	
Address: 1331 Xylan Rd Piqua, KS 66761		Well #: 2-12	
Phone: (620) 433-0099		Spud Date: 4-25-12 Completed: 4-26-12	
Contractor License: 32079		Location: SW-SW-NW-SE of 8-24S-16E	
T.D. : 1071	T.D. of Pipe: 1068	1490	Feet From South
Surface Pipe Size: 7"	Depth: 41'	2470	Feet From East
Kind of Well: Oil		County: Woodson	

## LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
6	Soil/Clay	0	6	14	Shale	927	941
163	Shale	6	170	9	Lime	941	950
42	Lime	170	212	9	Shale	950	959
18	Shale	212	230	5	Lime	959	964
218	Lime	230	448	4	Shale	964	968
16	Shale	448	464	2	Black Shale	968	970
7	Lime	464	471	12	Mucky Shale	970	982
33	Shale	471	504	10	Shale	982	992
78	Lime	504	582	10	Sand/ faint odor	992	1002
4	Shale	582	586	30	Sand/odor/bleed	1002	1032
2	Black Shale	586	588	5	Sand/faint odor	1032	1037
1	Lime	588	589	1	Lime	1034	1035
4	Shale	589	593	1	Shale	1035	1036
51	Lime	593	644	1	Lime	1036	1037
156	Shale	644	800	34	Shale	1037	1071
3	Lime	800	803				
22	Shale	803	825				
10	Lime	825	835				
2	Black Shale	835	837				
12	Shale	837	849		T.D.		1071
2	Broken Sand/oil	849	851		T.D. of pipe		1068
40	Shale	851	891				
3	Lime	891	894				
3	Shale	894	897				
7	Lime	897	904				
4	Shale	904	908				
3	Lime	908	911				
12	Shale	911	923				
4	Lime	923	927				

**Leis Oil Services, LLC**

1410 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
4-25-12	Drill pit	1.00	100.00	100.00
4-25-12	cement for surface	8.00	12.60	100.80
4-26-12	Drilled Hammond S 2-12	TO 1,071.00	6.25	6,693.75
<b>Total</b>				<b>\$44,917.90</b>

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 36448

LOCATION Eureka

FOREMAN Steve Neal

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

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT N/A**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-26-12	4950	Hammond S # 2-12				Woodson
CUSTOMER Piqua Petroleum			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1331 Xylan Rd			485	Alan m		
CITY Piqua			611	Joey		
STATE Ks		ZIP CODE 66761				

JOB TYPE long string HOLE SIZE \_\_\_\_\_ HOLE DEPTH 1070' CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH 1068' DRILL PIPE \_\_\_\_\_ TUBING 2 3/8 OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.5# SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 6.2G DISPLACEMENT PSI 700\* Bump plug 1200\* 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 145 sks 60/40 per mix cement w/ 5# Kal-Seal, 4% Gel + 1% CaCl2. Shutdown wash out pump & lines stuff & plugs. Displace with 6.2 bbls Fresh water final pumping pressure 700\*. Bump plug 1200\*. Shutdown in 200\*. Good 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	40	MILEAGE	4.00	160.00
1131	145 sks	60/40 per mix cement	12.55	1819.75
1110A	725 #	Kal-Seal 5# per/sk	.46	333.50
1118B	498 #	Gel 4%	.21	104.58
1102	125 #	CaCl2 1%	.74	92.50
1118B	300*	Gel/Flush	.21	63.00
5407	6.24 tons	Tan Mileage bulk Truck	m/c	350.00
4402	2	2 3/8 Top Rubber Plug	28.00	56.00
		Sub Total		4009.33
		SALES TAX		180.26
		ESTIMATED TOTAL		4189.59

Flavin 3737

AUTHORIZATION \_\_\_\_\_

*John [Signature]*

TITLE \_\_\_\_\_

249313

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.