



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: _____



1092054

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 #: 15-207-28132-00-00
Operator: Piqua Petro Inc.	Lease: Hammond E
Address: 1331 Xylan Rd Piqua, KS 66761	Well #: 4-12
Phone: (620) 433-0099	Spud Date: 7-17-12 Completed: 7-18-12
Contractor License: 32079	Location: SE-SE-NE-NE of 8-24S-16E
T.D. : 1100 T.D. of Pipe: 1096	1150 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
15	Soil/Clay	0	15	5	Lime	946	951
5	Lime	15	20	12	Shale	951	963
186	Shale	20	206	7	Lime	963	970
55	Lime	206	261	14	Shale	970	984
22	Shale	261	283	5	Lime	984	989
196	Lime	283	479	11	Shale	989	1000
4	Shale	479	483	13	Oil Sand	1000	1013
4	Lime	483	487	9	Shale/Sand bleed	1013	1022
4	Shale	487	491	25	Shale	1022	1047
5	Lime	491	496	1	Lime	1047	1048
35	Shale	496	531	2	Shale	1048	1050
44	Lime	531	575	2	Lime	1050	1052
7	Shale	575	582	10	Oil Sand	1052	1062
15	Lime	582	597	38	Shale	1062	1100
19	Shale	597	616				
18	Lime	616	634		T.D.		1100
4	Shale	634	638		T.D. of Pipe		1096
19	Lime	638	657				
2	Shale	657	659				
3	Lime	659	662				
164	Shale	662	826				
4	Lime	826	830				
20	Shale	830	850				
9	Lime	850	859				
59	Shale	859	918				
2	Lime	918	920				
4	Shale	920	924				
11	Lime	924	935				
11	Shale	935	946				

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

*PO#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 37599
LOCATION Eureka
FOREMAN Steve Reed

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-19-12	4950	Hammond E # 4-12				Woodson
CUSTOMER Pigna Petroleum			TRUCK #			
MAILING ADDRESS 1731 Xylan Rd.			DRIVER			
CITY Pigna			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66761						

JOB TYPE Long string HOLE SIZE _____ HOLE DEPTH 1096' CASING SIZE & WEIGHT _____
CASING DEPTH 1094' DRILL PIPE _____ TUBING 2 7/8 OTHER _____
SLURRY WEIGHT 13.6 # SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 6.3 bbls DISPLACEMENT PSI 600 # Basic MAX PSI plug 1100 # RATE _____

REMARKS: Safety Meeting. Rig up to 2 7/8 tubing. Break circulation w/ 5 bbls fresh water. Mix 300# Gel Flush & 5 bbls water spacer. Mix 1200 lbs 60/40 Perm Mix Cement w/ 5# Kal-Seal, 4% Gel & 1% CaCl2. At 13.6 ppgal shutdown. Washout pump & loss. Stuff 2 plugs. Displace with 6.3 bbls fresh water. Final pumping pressure burst bump plugs to 1000#. Bleed pressure down to 500#. Shut well in. 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
5761	1	PUMP CHARGE	1030.00	1030.00
5406	N/C	MILEAGE 2 nd well	-	-
1171	140 SKS	60/40 Perm Mix Cement	12.55	1757.00
1119A	700 #	Kal-Seal 5# per/sk	.46	322.00
1118B	480 #	Gel 4%	.21	100.80
1103	120 #	CaCl2 1%	.74	88.80
1118B	300 #	Gel Flush	.21	63.00
5407	6.02	Ton mileage Bulk Truck	N/C	350.00
4402	2	2 7/8 Tap Rubber plug	28.00	56.00
			Subtotal	3767.60
			SALES TAX 2.3%	174.30
			ESTIMATED TOTAL	3941.90

Ravin 3737

251443

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.



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

2nd well

TICKET NUMBER 53721
FIELD TICKET REF # 47686
LOCATION Thayer
FOREMAN Gary Wick

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-1-12	4950	Hammant E# 4-12	9	24	16	WO

CUSTOMER
Grey-Lair dba Pique Petro

MAILING ADDRESS

CITY STATE ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
524	Travis		
482	Tim		
582	Wes		
611/791	George		
455/T117	Eric		

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
1049-69.5	<i>(42) Spurred</i>

*35 balls
70 slugs*

TYPE OF TREATMENT
Acid Spol/Fracture - Acid O/F

CHEMICALS

<i>City/Custom Water</i>	<i>100 15% HCl Acid</i>
<i>KCl Sol.</i>	<i>Inhibitor</i>
<i>20% Gel/Breaker</i>	<i>Stim Col</i>
<i>Bio. 2e</i>	<i>Raw Acid O/F</i>

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI
<i>Pad</i>	<i>20</i>	<i>-16.5</i>			
<i>20/10</i>				<i>300</i>	BREAKDOWN 1700
<i>14/10</i>				<i>3200</i>	START PRESSURE
<i>12/20 10 balls</i>			<i>500</i>		END PRESSURE
<i>12/20 10 balls</i>	<i>(30)</i>		<i>500</i>		BALL OFF PRESS
<i>12/20 5 balls</i>			<i>500</i>		ROCK SALT PRESS
<i>12/20 3 balls</i>			<i>500</i>		ISIP 550
<i>4/20 2 balls</i>			<i>500</i>		5 MIN
<i>2/20</i>			<i>1500</i>		10 MIN
<i>Pluck-on</i>	<i>10</i>				15 MIN
<i>Release - Quilts</i>	<i>10</i>				MIN RATE
<i>Totals</i>	<i>180</i>			<i>7000</i>	MAX RATE
					DISPLACEMENT

REMARKS: *Spol acid to parts - breakdown and stage*

AUTHORIZATION _____ TITLE _____ DATE _____

Terms and Conditions are printed on reverse side.