



KANSAS CORPORATION COMMISSION 1092216
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

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: _____



1092216

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) (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 #: 15-207-28231-00-00	
Operator: Piqua Petro Inc.		Lease: Hammond E	
Address: 1331 Xylan Rd Piqua, KS 66761		Well #: 14-12	
Phone: (620) 433-0099		Spud Date: 7-12-12 Completed: 7-13-12	
Contractor License: 32079		Location: SW-NE-SE-NE of 8-24S-16E	
T.D. : 1100	T.D. of Pipe: 1096	1810	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	10	Lime	966	976
6	Lime	12	18	10	Shale	976	986
178	Shale	18	196	5	Lime	986	991
56	Lime	196	252	16	Shale	991	1007
16	Shale	252	268	7	Oil Sand	1007	1014
228	Lime	268	496	8	Broken Sand	1014	1022
34	Shale	496	530	24	Shale	1022	1046
2	Lime	530	532	1	Lime	1046	1047
12	Shale	532	544	3	Shale	1047	1050
25	Lime	544	569	2	Lime	1050	1052
12	Shale	569	581	10	Oil Sand	1052	1062
21	Lime	581	602	38	Shale	1062	1100
16	Shale	602	618				
13	Lime	618	631		T.D.		1100
6	Shale	631	637		T.D. of pipe		1096
18	Lime	637	655				
2	Shale	655	657				
4	Lime	657	661				
163	Shale	661	824				
3	Lime	824	827				
20	Shale	827	847				
13	Lime	847	860				
57	Shale	860	917				
2	Lime	917	919				
7	Shale	919	926				
12	Lime	926	938				
8	Shale	938	946				
7	Lime	946	953				
13	Shale	953	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 37598
LOCATION Eureka
FOREMAN Steve Mead

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 # 14-12				Madison
CUSTOMER Pigna Petroleum			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1331 xylan Rd			485	Alan m		
CITY Piqua			611	Joey		
STATE KS						
ZIP CODE 66761						
JOB TYPE <u>Long string</u>	HOLE SIZE	HOLE DEPTH <u>1099'</u>	CASING SIZE & WEIGHT			
CASING DEPTH <u>1096'</u>	DRILL PIPE	TUBING <u>2 3/8"</u>	OTHER			
SLURRY WEIGHT <u>12.6"</u>	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING			
DISPLACEMENT <u>6.3 bbls</u>	DISPLACEMENT PSI <u>600*</u>	<u>Bump</u> MIX PSI <u>1100*</u>	RATE			

REMARKS: SaFrz Meeting. Rig up to 2 3/8 Tubing. Break Circulation w/ 5 bbl Fresh water. Mix 300# Gel Flush & 5 bbl Water spacer. Mix 140 sks 60/40 Pac mix Cement w/ 5# Hal-seal 4% Gel & 1% Cacl2. Shut down. Wash out pump & lines. Stuff & Plug. Displace with 6.3 bbls Fresh water Final Pumping Pressure 600* Bump Plugs to 1100#. Bleed Pressure down to 500* Shut well in. Good cement & tubes to surface 6 bbls 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 sks	60/40 Pac mix Cement	12.55	1757.00
1110A	790 #	Hal Seal 5# per/sk	.46	322.00
1118B	480 #	Gel 4%	.21	100.80
1102	120 #	Cacl2 1%	.74	88.80
1118B	300 #	Gel Flush	.21	63.00
5407	6.02	Tan mileage Bulk Truck	mic	350.00
4402	2	2 3/8 Top Rubber plug	28.00	56.00
			SubTotal	3927.60
			SALES TAX	174.80
			ESTIMATED TOTAL	4102.40

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



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

1st well

TICKET NUMBER 53720
FIELD TICKET REF # 47686
LOCATION Thayer
FOREMAN Greg White

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-1-12	4950	Hammond E # 14-12	8	24	16	WO

CUSTOMER: Greg Hair
MAILING ADDRESS:
CITY: STATE: ZIP CODE:

TRUCK #	DRIVER	TRUCK #	DRIVER
524	Tramp		
482	Tim		
582	Wes		
455/T119	Eric		
109/T91	George		

WELL DATA

CASING SIZE <u>20"</u>	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>1052-62</u>	<u>(21) Squirrel</u>

35' balls
15' balls

TYPE OF TREATMENT
Acid Spot / Frac

CHEMICALS

<u>Customer Water</u>	<u>100 15.70 HCL Acid</u>
<u>20" Gel / Breaker</u>	<u>Inhibitor</u>
<u>Bicide</u>	<u>Stimul</u>

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<u>Pad</u>	<u>15</u>	<u>-16.3</u>				BREAKDOWN <u>2000</u>
<u>16/30</u>				<u>300</u>		START PRESSURE
<u>12/10</u>				<u>1700</u>		END PRESSURE
<u>12/20 5 balls</u>				<u>200</u>		BALL OFF PRESS
<u>12/20 5 balls</u>				<u>200</u>		ROCK SALT PRESS
<u>12/20 3 balls</u>	<u>(15)</u>			<u>200</u>		ISIP <u>600</u>
<u>12/10 2 balls</u>				<u>200</u>		5 MIN
<u>12/20</u>				<u>700</u>		10 MIN
<u>Flush -</u>						15 MIN
<u>Release - Pump - Release</u>						MIN RATE
<u>Overhead</u>						MAX RATE
						DISPLACEMENT
<u>Total</u>	<u>130</u>			<u>3500</u>		

REMARKS: Spot acid to parts - breakdown and stage
2 1/16"
1335

AUTHORIZATION _____ TITLE _____ DATE _____

Terms and Conditions are printed on reverse side.