



KANSAS CORPORATION COMMISSION 1092218  
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: \_\_\_\_\_



1092218

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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<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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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# LEIS OIL SERVICES

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



<b>Operator License #:</b> 30345		<b>API #:</b> 15-207-28092-00-00	
<b>Operator:</b> Piqua Petro Inc.		<b>Lease:</b> Town	
<b>Address:</b> 1331 Xylan Rd Piqua, KS 66761		<b>Well #:</b> 1-12	
<b>Phone:</b> (620) 433-0099		<b>Spud Date:</b> 7-26-12 <b>Completed:</b> 7-30-12	
<b>Contractor License:</b> 32079		<b>Location:</b> NE-NE-NE-NW of 31-25S-14E	
<b>T.D. :</b> 1362	<b>T.D. of Pipe:</b> 1358	180	<b>Feet From</b> North
<b>Surface Pipe Size:</b> 7"	<b>Depth:</b> 41'	2460	<b>Feet From</b> West
<b>Kind of Well:</b> Oil		<b>County:</b> Woodson	

## LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
3	Soil	0	3	3	Lime	1220	1223
3	Lime	3	6	10	Shale	1223	1233
136	Shale	6	142	2	Lime	1233	1235
8	Lime	142	150	79	Shale	1235	1314
10	Shale	150	160	3	Sandy Shale	1314	1317
4	Lime	160	164	10	Oil Sand/odor	1317	1327
163	Shale	164	327	5	Sand	1327	1332
188	Lime	327	515	30	Shale	1332	1362
18	Shale	515	533				
65	Lime	533	598				
60	Shale	598	658				
90	Lime	658	748				
8	Shale	748	756				
42	Lime	756	798				
155	Shale	798	953				
4	Lime	953	957		<b>T.D.</b>		<b>1362</b>
25	Shale	957	982		<b>T.D. of Pipe</b>		<b>1358</b>
11	Lime	982	993				
78	Shale	993	1071				
3	Lime	1071	1074				
7	Shale	1074	1081				
12	Lime	1081	1093				
3	Shale	1093	1096				
5	Lime	1096	1101				
20	Shale	1101	1121				
17	Lime	1121	1138				
11	Shale	1138	1149				
5	Lime	1149	1154				
66	Shale	1154	1220				

**Leis Oil Services, LLC**

1410 150th Rd  
Yates Center, KS 66783

# Invoice

Number: 1092

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	Town/Nordmeyer

Date	Description	Hours	Rate	Amount
7-19-12	Drill pit	100.00	1.00	100.00
7-19-12	cement for surface	10.00	12.60	126.00
7-19-12	Liner for pit-wouldn't hold water	75.00	1.00	75.00
7-19-12	Drilling for Nordmeyer 35-12	1,333.00	6.25	8,331.25
7-30-12	Drill pit	100.00	1.00	100.00
7-30-12	cement for surface	10.00	12.60	126.00
7-30-12	Liner for pit	75.00	1.00	75.00
7-30-12	Drilling for Town 1-12	1,362.00	6.25	8,512.50

**Total** \$17,445.75

*PAY*



0 - 30 days	31 - 60 days	61 - 90 days	> 90 days	Total
\$17,445.75	\$0.00	\$0.00	\$0.00	\$17,445.75



**CONSOLIDATED**  
Oil Well Services, LLC

**ENTERED**

TICKET NUMBER 37625  
LOCATION EUREKA  
FOREMAN Kevin McCoy

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT API # N/A**

**KS**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-30-12	4950	Town # 1-12				Woodson

  

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Piqua Petroleum MAILING ADDRESS 1331 xylan Rd CITY Piqua STATE KS ZIP CODE 66761	445	DAVE G.		
	479	CLIFF S.		
	515	CALIN H.		

John  
Leis

JOB TYPE Longstring HOLE SIZE 5 9/8 HOLE DEPTH 1362' CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH 1358 DRILL PIPE \_\_\_\_\_ TUBING 2 7/8 Set @ 1358' OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.3 - 14.0\* SLURRY VOL 42 BBL WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 0'  
 DISPLACEMENT 7.8 BBL DISPLACEMENT PSI 500 ~~WATER~~ PSI 1000 shut in RATE \_\_\_\_\_

REMARKS: Safety Meeting: Rig up to 2 7/8 Tubing. Break Circulation w/ Fresh water. Pump 500\* Gel Flush, 25 BBL water spaces, Mixed 100 SKS 60/40 Pozmix Cement w/ 6% Gel, 1\* PhenoSeal/sk @ 13.3\*/gal, Tail in w/ 50 SKS OWC Cement w/ 5\* Kol-Seal/sk, 1\* PhenoSeal/sk @ 14\*/gal = 42 BBL Total Slurry. Shut down. Wash out Pump & Lines. Drop 2 Plugs. Displace w/ 7.8 BBL Fresh water. Final Pumping Pressure 600 PSI. Pump Plugs to 1000 PSI. Shut Tubing in. Good Cement Returns to Surface = 8 BBL Slurry to Pit. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	20	MILEAGE	4.00	80.00
1131	100 SKS	60/40 Pozmix Cement	12.55	1255.00
1118 B	500 *	6% Gel	.21 *	105.00
1107 A	100 *	PhenoSeal 1*/sk	1.29 *	129.00
1126	50 SKS	OWC Cement	18.80	940.00
1110 A	250 *	Kol-Seal 5*/sk	.46 *	115.00
1107 A	50 *	PhenoSeal 1*/sk	1.29	64.50
5407	6.90 TONS	Ton Mikeape Bulk Delv.	M/c	350.00
1118 B	500 *	Gel Flush	.21 *	105.00
4402	2	2 7/8 Top Rubber Plugs	28.00	56.00
			Sub Total	4229.50
			7.3% SALES TAX	202.20
			ESTIMATED TOTAL	4431.10

Ravin 3737

*K. McL*

THANK YOU  
M  
201679

AUTHORIZATION By Greg Lam TITLE OWNER \_\_\_\_\_ 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