



KANSAS CORPORATION COMMISSION 1093377  
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: \_\_\_\_\_



1093377

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 #: 15-207-28094-00-00	
Operator: Piqua Petro Inc.		Lease: Nordmeyer	
Address: 1331 Xylan Rd Piqua, KS 66761		Well #: 35-12	
Phone: (620) 433-0099		Spud Date: 7-19-12 Completed: 7-23-12	
Contractor License: 32079		Location: SE-NE-NW-SW of 30-25S-14E	
T.D.: 1333	T.D. of Pipe: 1329	2000	Feet From South
Surface Pipe Size: 7"	Depth: 41'	1300	Feet From West
Kind of Well: Oil		County: Woodson	

## LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
12	Soil/Clay	0	12	7	Lime	1045	1052
5	Lime	12	17	6	Shale	1052	1058
99	Shale	17	116	4	Lime	1058	1062
11	Lime	116	127	19	Shale	1062	1081
167	Shale	127	294	17	Lime	1081	1098
5	Lime	294	299	11	Shale	1098	1109
7	Shale	299	306	6	Lime	1109	1115
178	Lime	306	484	70	Shale	1115	1185
23	Shale	484	507	2	Lime	1185	1187
58	Lime	507	565	7	Shale	1187	1194
8	Shale	565	573	3	Lime	1194	1197
1	Lime	573	574	85	Shale	1197	1282
57	Shale	574	631	5	Sandy Shale/odor	1282	1287
70	Lime	631	701	9	Oil Sand/bld/odor	1287	1296
4	Black Shale	701	705	39	Shale	1296	1333
5	Lime	705	710		T.D.		1333
4	Shale	710	714		T.D. of Pipe		1330
48	Lime	714	762				
2	Shale	762	764				
10	Lime	764	774				
142	Shale	774	916				
5	Lime	916	921				
11	Shale	921	932				
3	Lime	932	935				
11	Shale	935	946				
11	Lime	946	957				
77	Shale	957	1034				
4	Lime	1034	1038				
7	Shale	1038	1045				



**CONSOLIDATED**  
Oil Well Services, LLC

**ENTERED**

TICKET NUMBER 37645  
LOCATION Eureka  
FOREMAN Steve Mead

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
7-23-12	4950	Nordmeyer #35-12				Lincoln
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Pigua Petroleum			485	Alan M		
MAILING ADDRESS			515	Calin		
1331 Xylan Rd			479	Joey		
CITY	STATE	ZIP CODE				
Pigua	Ks	66761				

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 1333' CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH 1329' DRILL PIPE \_\_\_\_\_ TUBING 2 3/8 OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 7.34 bbls DISPLACEMENT PSI 700\* Gump Plug MIX-P81/200\* RATE \_\_\_\_\_

REMARKS: Safety Meeting: Rig up to 2 3/8 Tubing. Break circulation w/ Fresh water. Mix 500\* Gel flush. Pump Gel around well. Mix 100 sks 60/40 Poz mix Cement w/ 6% Gel, 1" Phenoseal per/sk at 13.4\* Tailin w/ 50 sks GWC Cement w/ 5" Kal-seal & 1" Phenoseal per/sk at 13.5\*/gal. Shut down. Washout pump & line. STUFF 2 plugs. Displace with 7.34 bbls Freshwater. Final pumping Pressure 700\* Bump Plug to 1200\*. Bleed pressure down to 700\* Shut well in. 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	80	MILEAGE	4.00	80.00
1131	100 sks	60/40 poz mix Cement	12.55	1255.00
118B	500*	Gel 6%	.21	105.00
1107A	100*	Phenoseal 1" per/sk	1.29	129.00
1126	50 sks	GWC Cement	18.80	940.00
110A	250*	Kal-seal 5" per/sk	.46	115.00
1107A	50*	Phenoseal 1" per/sk	1.29	64.50
5407	6.9 ton	Tennilong Bulk Truck	m/c	350.00
1123	1100 gallons	City water	16.59/100	18.15
4402	2	2 3/8 Tap Rubber plugs	28.00	56.00
			Subtotal	4142.65
			SALES TAX 7.5%	195.86
			ESTIMATED TOTAL	4338.51

Ravin 5737

*K-MCC*

*501411*

AUTHORIZATION By Greg Lair 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

2<sup>nd</sup> well

TICKET NUMBER 53865  
FIELD TICKET REF # 47767  
LOCATION Thayer  
FOREMAN Gary Wilhel

**TREATMENT REPORT  
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-20-12	41950	Nordmeyer # 35-12	30	25	11	100

CUSTOMER  
Greg Laine

MAILING ADDRESS

CITY STATE ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
24	Tramp		
458	Tom		
521	Daniel		
459/7103	Steve		

**WELL DATA**

CASING SIZE <u>7"</u>	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
1257-96 (19) B. shale	

60 lbs. balls

**TYPE OF TREATMENT**

Acid Spot / Fracture

**CHEMICALS**

City Water	50 15% HCl Acid
KCl Sub.	Inhibitor
20% Gel/Breaker	Stimul
Bio. Ze	50 15% Acid OTF

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
Pad	15	-16				BREAKDOWN 2000
20/40				300		START PRESSURE
12/10				2700		END PRESSURE
12/20 4x3 balls (7) 50 acid OTF				1500		BALL OFF PRESS
12/10				1500		ROCK SALT PRESS
Flush	12					ISIP 6000
Release						5 MIN
Pump						10 MIN
Release						15 MIN
Overline	5					MIN RATE
Totals	140			6000		MAX RATE
						DISPLACEMENT

REMARKS: Spot acid to perf. - breakdown and stage

AUTHORIZATION \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Terms and Conditions are printed on reverse side.



# 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	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	Drilling for Town 1-12	1,362.00	6.25	8,512.50