



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



1094151

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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**CONSOLIDATED**  
Oil Well Services, LLC

**ENTERED**

TICKET NUMBER 37649  
LOCATION Eureka  
FOREMAN Steve Mead

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

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-2-18	4950	Nordmeyer 34-12				Labrador
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Pigua Petroleum			445	Allen B		
MAILING ADDRESS			479	Chris M		
1331 Xylan Rd			515	Calin		
CITY	STATE	ZIP CODE				
Pigua	Ks					

JOB TYPE Longstring HOLE SIZE 5 1/8 HOLE DEPTH 1862' CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH 1356' DRILL PIPE \_\_\_\_\_ TUBING 2 3/8 OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 7.8 bbls DISPLACEMENT PSI 600\* PUMP plug 1100\* RATE \_\_\_\_\_

REMARKS: Safety Meeting: Rig up to 2 3/8 tubing. Break circulation with fresh water. Pump 500' Gel Flush + 25 bbls water spacer. Mix 100 sk 60/40 Pozmix Cement w/ 6% Gel + 1" Phenoseal per/sk. Tail in with 50 sks OWC Cement w/ 5" Kal-seal + 1" Phenoseal per/sk. Shut down. Wash out pump & lines. Drop 2 plugs. Displace with 7.8 bbls fresh water. Final pumping pressure 600'. Bump plug to 1100'. Shut tubing in with 500'. Good cement returns to surface. 7 bbls slurry in 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	20	MILEAGE	4.00	80.00
1131	100 SKS	60/40 Pozmix Cement	12.55	1255.00
1118B	500 #	Gel 6%	.21	105.00
1107A	100 #	Phenoseal 1" per/sk	1.29	129.00
1126	50 sks	OWC Cement	18.80	940.00
1110A	250 #	Kal-seal 5" per/sk	.46	115.00
1107A	50 #	Phenoseal 1" per/sk	1.29	64.50
1118B	500 #	Gel Flush	.21	105.00
5407	6.90 ton	Fan mileage Bulk Truck	MSC	350.00
4402	2	2 3/8 Top Rubber Plugs	28.00	56.00
			SubTotal	4229.50
			SALES TAX	202.20
			ESTIMATED TOTAL	4431.70

Ravin 3737

AUTHORIZATION [Signature] TITLE 251846 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.

**Leis Oil Services, LLC**

1410 150th RD  
Yates Center, KS 66783

# Invoice

Number: 1001

Date: September 09, 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
		Town - Nordmeyer

Date	Description	Hours	Rate	Amount
7-31-12	cement for surface	8.00	12.60	100.80
7-31-12	Drilling for Nordmeyer 34-12	1,362.00	6.25	8,512.50



# LEIS OIL SERVICES

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



<b>Operator License #:</b> 30345		<b>API #:</b> 15-207-28093-00-00	
<b>Operator:</b> Piqua Petro Inc.		<b>Lease:</b> Nordmeyer	
<b>Address:</b> 1331 Xylan Rd Piqua, KS 66761		<b>Well #:</b> 34-12	
<b>Phone:</b> (620) 433-0099		<b>Spud Date:</b> 7-31-12 <b>Completed:</b> 8-02-12	
<b>Contractor License:</b> 32079		<b>Location:</b> SW-NE-NE-SW of 30-25S-14E	
<b>T.D. :</b> 1362	<b>T.D. of Pipe:</b> 1356	2000	<b>Feet From</b> South
<b>Surface Pipe Size:</b> 7"	<b>Depth:</b> 41'	2300	<b>Feet From</b> West
<b>Kind of Well:</b> Oil		<b>County:</b> Woodson	

## LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
1	Soil	0	1	10	Lime	925	935
4	Lime	1	5	10	Lime	1074	1084
2	Coal	5	7	6	Shale	1084	1090
2	Lime	7	9	4	Lime	1090	1094
138	Shale	9	147	21	Shale	1094	1115
4	Lime	147	151	19	Lime	1115	1134
3	Shale	151	154	8	Shale	1134	1142
3	Lime	154	157	4	Lime	1142	1146
168	Shale	157	325	67	Shale	1146	1213
54	Lime	325	379	3	Lime	1213	1216
3	Shale	379	382	9	Shale	1216	1225
50	Lime	382	432	2	Lime	1225	1227
7	Shale	432	439	81	Shale	1227	1308
77	Lime	439	516	17	Sand- dry	1308	1325
17	Shale	516	533	37	Sandy Shale	1325	1362
59	Lime	533	592				
57	Shale	592	649				
83	Lime	649	732				
3	Black Shale	732	735				
5	Lime(740 oil)	735	790				
6	Shale	790	796		T.D.		1362
6	Lime	796	802		T.D. of pipe		1356
142	Shale	802	946				
5	Lime	946	951				
26	Shale	951	977				
9	Lime	977	986				
79	Shale	986	1065				
3	Lime	1065	1068				
6	Shale	1068	1074				