



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: _____



1096710

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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Leis Oil Services, LLC

1410 150th Rd
Yates Center, KS 66783

Invoice

Number: 1001

Date: September 18, 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
		Hammond E3,4,9-12

Date	Description	Hours	Rate	Amount
9-7-12	Drill pit	100.00	1.00	100.00
9-7-12	cement for surface	8.00	12.60	100.80
9-10-12	Drilling for Hammond E 2-12	1,095.00	6.25	6,843.75



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 35263

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
9-12-13	4950	Hammond C-2-13				Woodson
CUSTOMER <u>Pigua Petroleum</u>			TRUCK #			
MAILING ADDRESS <u>1331 Xland Rd</u>			DRIVER			
CITY <u>Pigua</u>			TRUCK #			
STATE <u>KS</u>			DRIVER			
ZIP CODE <u>66761</u>			TRUCK #			
			DRIVER			

JOB TYPE Longstring O HOLE SIZE _____ HOLE DEPTH 1190' CASING SIZE & WEIGHT _____
 CASING DEPTH 1091' DRILL PIPE _____ TUBING 2 3/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING _____
 DISPLACEMENT 6.4 bbls DISPLACEMENT PSI 700* ^{Bump} MIX PSI plug 1200* RATE _____

REMARKS: Safety meeting. Rig up to 2 3/8 Tubing. Break circulation w/ Fresh water. Pump 700* Gel Flush + 5 bbl waterspacer. Mix 140 SKS 60/40 poe mix cement w/ 5* Hal Seal, 4% Gel & 1% Cacl2. Shut down. Wash out pump & lines. Stuff 2 plug. Displace with 6.4 bbls Fresh water. Final pumping pressure 700*. Bump Plug to 1200*. Shut well in 500*. Good cement returns 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
5421	1	PUMP CHARGE	1030.00	1030.00
5406	40	MILEAGE	4.00	160.00
1131	140 SKS	60/40 poe mix cement	12.55	1757.00
1160*	700*	Hal Seal 5* per/sk	.46	322.00
1118B	450*	Gel 4%	.21	100.80
1102	120*	Cacl2 1%	.74	88.80
1118B	300*	Gel flush	.21	63.00
5407	6.02	Ten Mileage Bulk Truck	mic	350.00
4402	2	2 3/8 Tap Rubber Plugs	28.00	56.00
55025	2 hrs	80 bbl Vacuum Trucks	90.00	180.00
			Sub Total	4107.60
			SALES TAX 7.3%	174.30
			ESTIMATED TOTAL	4281.90

Form 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



LEIS OIL SERVICES

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



Operator License #: 30345		API #: 15-207-28243-00-00	
Operator: Piqua Petro Inc.		Lease: Hammond E	
Address: 1331 Xylan Rd Piqua, KS 66761		Well #: 2-12	
Phone: (620) 433-0099		Spud Date: 9-7-12 Completed: 9-10-12	
Contractor License: 32079		Location: SE-NE-NE-NE of 8-24S-16E	
T.D. : 1095	T.D. of Pipe: 1091	500	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
6	Soil/Clay	0	6	4	Lime	943	947
8	Lime	6	14	3	Black Shale	947	950
184	Shale	14	198	9	Shale	950	959
54	Lime	198	252	5	Lime	959	964
20	Shale	252	272	15	Shale	964	979
196	Lime	272	468	5	Lime	979	984
10	Shale	468	478	10	Shale	984	994
3	Lime	478	481	2	Lime	994	996
5	Shale	481	486	6	Broken Oil Sand	996	1002
4	Lime	486	490	10	Oil Sand	1002	1012
36	Shale	490	526	5	Oil Sand/Shale	1012	1017
3	Lime	526	529	24	Shale	1017	1041
2	Shale	529	531	1	Lime	1041	1042
66	Lime	531	597	3	Shale	1042	1044
3	Shale	597	600	1	Lime	1044	1045
3	Black Shale	600	603	6	Oil Sand	1045	1051
23	Lime	603	626	6	Broken Sand/Shale	1051	1057
2	Shale	626	628	38	Shale	1057	1095
3	Black Shale	628	631				
6	Lime	631	637				
3	Shale	637	640				
17	Lime	640	657		T.D.		1095
160	Shale	657	817		T.D. of Pipe		1091
3	Lime	817	820				
21	Shale	820	841				
11	Lime	841	852				
59	Shale	852	911				
19	Lime	911	930				
13	Shale	930	943				