



KANSAS CORPORATION COMMISSION 1096717
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: _____



1096717

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 #: 15-207-28281-00-00	
Operator: Piqua Petro Inc.		Lease: Hammond E	
Address: 1331 Xylan Rd Piqua, KS 66761		Well #: 9-12	
Phone: (620) 433-0099		Spud Date: 9-11-12 Completed: 9-13-12	
Contractor License: 32079		Location: NE-NE-NE-NE of 8-24S-16E	
T.D. : 1150	T.D. of Pipe: 1143	170	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
6	Soil	0	6	10	Lime	925	935
8	Lime	6	14	14	Shale	935	949
7	Shale	14	21	3	Lime	949	952
3	Lime	21	24	14	Shale	952	966
176	Shale	24	200	4	Lime	966	970
51	Lime	200	251	16	Shale	970	986
20	Shale	251	271	5	Lime	986	991
196	Lime	271	465	11	Shale	991	1002
16	Shale	465	481	20	Oil Sand	1002	1022
3	Lime	481	484	5	Black sand/shale	1022	1027
5	Shale	484	489	18	Shale	1027	1045
6	Lime	489	495	2	Lime	1045	1047
34	Shale	495	529	2	Shale	1047	1049
74	Lime	529	603	2	Lime	1049	1051
4	Shale	603	607	6	Oil Sand	1051	1057
3	Black Shale	607	610	93	Shale	1057	1150
8	Shale	610	618				
16	Lime	618	634				
4	Black Shale	634	638				
21	Lime	638	659				
166	Shale	659	825		T.D.		1150
3	Lime	825	828		T.D. of pipe		1143
22	Shale	828	850				
9	Lime	850	859				
3	Shale	859	862				
4	Lime	862	866				
52	Shale	866	918				
2	Lime	918	920				
5	Shale	920	925				

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
9-11-12	Drill pit	100.00	1.00	100.00
9-11-12	cement for surface	8.00	12.60	100.80
9-13-12	drilling Hammond E 9-12	1,150.00	6.25	7,187.50



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 35265
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
9-13-12	4950	Hammond E # 912				Woodson
CUSTOMER			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS			485 Alan m.			
CITY			479 merle			
STATE			637 Chris m			
ZIP CODE						
Pigua						
KS						
66761						

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 1150' CASING SIZE & WEIGHT _____
 CASING DEPTH 1143' DRILL PIPE _____ TUBING 2 3/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 6.6 DISPLACEMENT PSI 600* Bump 1100* MIX PSI 1100* RATE _____

REMARKS: 3 Safety Meeting. Rig up to 2 3/8 Tubing. Break circulation with Freshwater. Pump 300* Gel Flush & Five bbl water spacer. Mix 1250 lbs 60/40 Pozmix Cement w/ 5* Kal-Seal, 4% Gel & 1* Phenoseal perisk shutdown Wash out pump & lines. Stuff 2 plug. Displace with 6.6 bbls Fresh water. Final pumping Pressure 600*. Bump Plug 1100*. Shutwell in 500*. Good Cement Returns to surface 6 bbl 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	150 yds	60/40 Pozmix Cement	12.55	1882.50
1110A	750*	1 Kal-Seal 5* perisk	.46	345.00
1118B	515*	Gel 4%	.21	108.15
1102	150*	Cast 1%	.74	111.00
1118A	300*	Gel Flush	.21	63.00
5407	6.43	Ten mileage Bulk Truck	m/c	350.00
4402	2	2 3/8 Tap Rubber Plug	28.00	56.00
5502C	3 hrs	80 bbl Vacuum Trucks	90.00	270.00
			Sub Total	4375.65
			SALES TAX	187.30
			ESTIMATED TOTAL	4562.95

Rev'n 3737

052963

2.3%

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