



KANSAS CORPORATION COMMISSION 1096719
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: _____



1096719

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
---	---

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
-----------------------------------	-----------	---------	-------------	---------------	---------

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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
---	--	--



LEIS OIL SERVICES



Scanned

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

Operator License #: 30345	API #: 15-207-28261-00-00
Operator: Piqua Petro, Inc.	Lease: Town
Address: PO Box 223 Yates Center, KS 66783	Well #: 2-12
Phone: (620) 433-0099	Spud Date: 8/3/12 Completed: 8/6/12
Contractor License: 32079	Location: NW-NE-NE-NW of 31-25-14E
T.D. : 1350 T.D. of Pipe: 1346	180 Feet From North
Surface Pipe Size: 7" Depth: 41'	2130 Feet From West
Kind of Well: Oil	County: Woodson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
12	Soil/Clay	0	12	3	Lime	1084	1087
125	Shale	12	137	20	Shale	1087	1107
3	Lime	137	140	4	Lime	1107	1111
5	Shale	140	145	5	Shale	1111	1116
4	Lime	145	149	10	Lime	1116	1126
164	Shale	149	313	2	Black Shale	1126	1128
191	Lime	313	504	5	Shale	1128	1133
23	Shale	504	527	6	Lime	1133	1139
58	Lime	527	585	68	Shale	1139	1207
8	Shale	585	593	2	Lime	1207	1209
2	Lime	593	595	8	Shale	1209	1217
48	Shale	595	643	2	Lime	1217	1219
78	Lime	643	721	77	Shale	1219	1299
3	Shale	721	724	13	Oil Sand	1299	1312
3	Black Shale	724	727	38	Shale	1312	1350
5	Lime	727	732				
10	Lime w/ oil show	732	742				
41	Lime	742	783				
8	Shale	783	791				
7	Lime	791	798				
140	Shale	798	938				
5	Lime	938	943				
26	Shale	943	969				
9	Lime	969	978		T.D.		1350
81	Shale	978	1059		T.D. of Pipe		1346
2	Lime	1059	1061				
8	Shale	1061	1069				
4	Lime	1069	1073				
11	Shale	1073	1084				

Box 884, Chanute, KS 66720
20-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-7-12	4950	Tawn 2-12				Woodson
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Pigna Petroleum			520	John		
MAILING ADDRESS			479	Mark		
1331 Xylan Rd			515	Calin		
CITY	STATE	ZIP CODE				
Pigna	KS					

JOB TYPE L/S a HOLE SIZE 5 5/8" HOLE DEPTH 1350' CASING SIZE & WEIGHT _____
 CASING DEPTH 1546' DRILL PIPE _____ TUBING 2 7/8" OTHER _____
 SLURRY WEIGHT 130-135" SLURRY VOL 43 BW WATER gal/sk 728" CEMENT LEFT in CASING 0'
 DISPLACEMENT 7.8 DISPLACEMENT PSI 700 MAX PSI 500 Shut in RATE _____

REMARKS: Safety meeting- Rig up to 2 7/8" tubing. Break circulation w/ 3 bbl fresh water. Pump 10 sks gel-flush, 30 bbl water spacer. brought gel to surface. Mixed 100 sks 60/40 Pozair cement w/ 6% gel + 1# phenoxal/sk @ 13.0"/gal. Tail in w/ 50 sks OWC cement w/ 5% Kol-sal/sk + 1# phenoxal/sk @ 13.5"/gal. shut down, washout pump + lines, stuff 2 plugs. Displace w/ 7.8 bbl fresh water. Final pump pressure 700 PSI. Pump plug to 1000 PSI. Shut well in @ 500 PSI. (Lead cement returns to surface = 8 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	20	MILEAGE	4.00	80.00
1131	100 sks	60/40 Pozair cement	12.55	1255.00
1118B	500#	6% gel	.21	105.00
1107A	100#	1# phenoxal/sk	1.29	129.00
1126	50 sks	OWC cement	19.80	990.00
1110A	250#	5% Kol-sal/sk	.46	115.00
1107A	50#	1# phenoxal/sk	1.29	64.50
1118B	500#	gel-flush	.21	105.00
5407	6.9	tan mileage bulk tit	49.6	350.00
4402	2	2 7/8" top rubber plug	28.00	56.00
			7.3%	
		subtotal		4229.50
		SALES TAX		202.80
		ESTIMATED TOTAL		4431.70

Revin 3737

AUTHORIZATION [Signature]

TITLE [Signature]

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



CONSOLIDATED
Oil Well Services, LLC

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

**TREATMENT REPORT
FRAC & ACID**

1st well

TICKET NUMBER 53864
FIELD TICKET REF # 47766
LOCATION Thayer
FOREMAN Gary Wikel

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-20-12	4950	Thayer #2-12				WO

CUSTOMER
Grey Hair

MAILING ADDRESS

CITY STATE ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
524	Trampis		
458	Tim		
521	Daniel		
619/791	George		
455/795	Eric		

WELL DATA

CASING SIZE <u>2 1/2</u>	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>1301-11</u> (21) <u>Double</u>	

TYPE OF TREATMENT
Acid Spot / Fracture

CHEMICALS

Water	75 15/16 HCL Acid
Acid	Jub. L. L.
<u>20# Gel/Precip</u>	<u>Stim. O. I</u>
<u>Bioocide</u>	50 15/16 OTF

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI
Pad	15	-103			
20/10				300	BREAKDOWN 2000
12/10				2700	START PRESSURE
12/20 7+3+2+1 Sals	(13)	50	acid OTF	1500	END PRESSURE
12/20				1500	BALL OFF PRESS
Flush + Over	12				ROCK SALT PRESS
Release					ISIP 500
Overthsh	5				5 MIN
					10 MIN
					15 MIN
Totals	148			60000	MIN RATE
					MAX RATE
					DISPLACEMENT

60000

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: 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
8-6-12	Drilling for Town 2-12	1,350.00	6.25	8,437.50
8-3-12	cement for surface	8.00	12.60	100.80