



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: _____



1096723

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 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
8-20-12	Drill pit	100.00	1.00	100.00
8-20-12	cement for surface	8.00	12.60	100.80
8-21-12	Drilling for Town 3-12	1,372.00	6.25	8,575.00



LEIS OIL SERVICES

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



Operator License #: 30345		API #: 15-207-28267-00-00	
Operator: Piqua Petro, Inc.		Lease: Town	
Address: PO Box 223 Yates Center, KS 66783		Well #: 3-12	
Phone: (620) 433-0099		Spud Date: 8/20/12 Completed: 8/21/12	
Contractor License: 32079		Location: SE-NE-NE-NW of 31-25-14E	
T.D. : 1372 T.D. of Pipe: 1369		510 Feet From North	
Surface Pipe Size: 7" Depth: 41'		2460 Feet From West	
Kind of Well: Oil		County: Woodson	

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
2	Soil/Clay	0	2	9	Lime	988	997
4	Lime	2	6	79	Shale	997	1076
149	Shale	6	155	3	Lime	1076	1079
2	Lime	155	157	11	Shale	1079	1090
5	Shale	157	162	3	Lime	1090	1093
4	Lime	162	166	4	Shale	1093	1097
164	Shale	166	330	7	Lime	1097	1104
7	Lime	330	337	20	Shale	1104	1124
6	Shale	337	343	15	Lime	1124	1139
42	Lime	343	385	12	Shale	1139	1151
3	Shale	385	388	5	Lime	1151	1156
132	Lime	388	520	66	Shale	1156	1222
24	Shale	520	544	3	Lime	1222	1315
80	Lime	544	624	7	Sandy Shale	1315	1322
23	Shale	624	647	10	Sand/lt odor/bleed	1322	1332
6	Lime	647	653	40	Shale	1332	1372
7	Shale	653	660				
82	Lime	660	742				
3	Black Shale	742	745				
7	Lime	745	752				
6	Lime/ light oil show	752	758				
15	Lime	758	773				
2	Black Shale	773	775				
40	Lime	775	815				
141	Shale	815	956		T.D.		1372
3	Lime	956	959		T.D. of Pipe		1369
14	Shale	959	973				
2	Lime	973	975				
13	Shale	975	988				



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 37798

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
8-22-12	4950	Town #3-12				Woodson
CUSTOMER Pigua Petroleum			TRUCK #			
MAILING ADDRESS 1331 xylan Rd			DRIVER			
CITY Pigua			TRUCK #			
STATE KS		DRIVER				
ZIP CODE		TRUCK #				
		DRIVER				

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 1371' CASING SIZE & WEIGHT _____
 CASING DEPTH 1267' DRILL PIPE _____ TUBING 2 3/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 2.9 bbl DISPLACEMENT PSI 700* ^{Pump} 1200* _{Max PSI/Play} RATE _____

REMARKS: Safety Meeting: Rig up to 2 3/8 tubing. Break circulation w/ Fresh water. Pump 500* Gel Flush + 20 bbls water spacer. Mix 100 sks 60/40 par mix cement w/ 6% Gel + 1* phenoseal per/sk at 13.4* per/gal Tail in with 50 sks o/wc cement w/ 5* No 1 Seal + 1* phenoseal/sk AT 13.6*/gal. Shut down washout pump + lines. STUFF 2 plugs Displace with 2.9 bbls Fresh water. Final pumping Pressure 700* Pump Play 1200*. Shut well in w/ 500*. Job complete Rig down Good cement Returns To surface.

Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5461	-1	PUMP CHARGE		
5406	20	MILEAGE	1030.00	1030.00
			4.00	80.00
1171	100 sks	60/40 par mix 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	O/WC Cement	18.80	940.00
1110A	250*	No 1 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	6.9	Jim Mileage Bulk Truck	m/s	350.00
4402	2	2 3/8 Zap Rubber Plug	28.00	56.00
55025	3 hrs	80 bbl Vacuum Trucks	90.00	270.00
1123	3000 gallon	CITY WATER	16.50/1000	49.50
		Sub Total		4549.00
		SALES TAX		205.81
		ESTIMATED TOTAL		4754.81

Revin 3737

AUTHORIZATION

TITLE 252316

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.