



KANSAS CORPORATION COMMISSION 1110051
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: _____



1110051

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Operator License #: 30345		API #: 15-207-28420-00-00	
Operator: Piqua Petro Inc.		Lease: Hammond E	
Address: 1331 Xylan Rd Piqua, KS 66761		Well #: 12-12	
Phone: (620) 433-0099		Spud Date: 11-13-12 Completed: 11-14-12	
Contractor License: 32079		Location: SW-SE-NE-NE of 8-24S-16E	
T.D. : 1120	T.D. of Pipe: 1115	1160	Feet From North
Surface Pipe Size: 7"	Depth: 41'	550	Feet From East
Kind of Well: Oil		County: Woodson	

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
12	Soil/Clay	0	12	5	Lime	934	939
4	Lime	12	16	14	Shale	939	953
12	Shale	16	28	4	Lime	953	957
4	Lime	28	32	2	Black Shale	957	959
176	Shale	32	208	13	Shale	959	972
54	Lime	208	262	3	Lime	972	975
22	Shale	262	284	15	Shale	975	990
197	Lime	284	481	5	Lime	990	995
7	Shale	481	488	11	Shale	995	1006
4	Lime	488	492	4	Oil Sand	1006	1010
4	Shale	492	496	2	Lime	1010	1012
4	Lime	496	500	15	Oil Sand	1012	1027
36	Shale	500	536	27	Shale	1012	1054
4	Lime	536	540	1	Lime	1054	1055
7	Shale	540	547	1	Shale	1055	1056
63	Lime	547	610	1	Lime	1056	1057
5	Shale	610	615	10	Oil Sand	1057	1067
3	Black Shale	615	618	10	Dark Sand/lt bleed	1067	1077
20	Lime	618	638	43	Shale	1077	1120
3	Shale	638	641				
3	Black Shale	641	644				
24	Lime	644	668				
160	Shale	668	828		T. D.		1120
4	Lime	828	832		T. D. of pipe		1115
20	Shale	832	852				
10	Lime	852	862				
60	Shale	862	922				
2	Lime	922	924				
10	Shale	924	934				

Leis Oil Services, LLC

1410 150th Rd
Yates Center, KS 66783

Invoice

Number: 1001

Date: December 02, 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 E 3wells

Date	Description	Hours	Rate	Amount
11-9-12	Drill pit	100.00	1.00	100.00
11-9-12	Cement for surface	8.00	12.60	100.80
11-12-12	Drilling for Hammond E13-12	1,107.00	6.25	6,918.75
11-12-12	Drill pit	100.00	1.00	100.00
11-12-12	Cement for surface	8.00	12.60	100.80
11-13-12	Drilling for Hammond E 12-12	1,120.00	6.25	7,000.00
11-15-12	Drill pit	100.00	1.00	100.00
11-15-12	Cement for surface	8.00	12.60	100.80
11-16-12	Drilling for Hammond E 32-12	1,087.00	6.25	6,793.75
Total				\$21,314.90

0 - 30 days	31 - 60 days	61 - 90 days	> 90 days	Total
\$21,314.90	\$0.00	\$0.00	\$0.00	\$21,314.90



ENTERED

TICKET NUMBER 38237
 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
11-15-12	4950	Hammond E 12-12				Woodson
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Pigua Petroleum			485	Alan M		
MAILING ADDRESS			479	Chris M		
1331 Xylan Rd.						
CITY	STATE	ZIP CODE				
Pigua	KS	66761				

JOB TYPE Longstring HOLE SIZE _____ HOLE DEPTH 1118' CASING SIZE & WEIGHT _____
 CASING DEPTH 1115' DRILL PIPE _____ TUBING 2 7/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 6.46 DISPLACEMENT PSI 600* ^{Bump} ~~MAX~~ PSI plug 1200* RATE _____

REMARKS: Safety meeting: Rig up to 2 7/8 Tubing. Break circulation w/ 7 bbls Fresh water. Pump 300* Gel Flush + 5 bbls Fresh water. Mix 140 sks 60/40 Pozmix Cement w/ 5* Kal-seal, 4% Gel + 1% Cacl2. Shut down. Wash out pump & line. STUFF 2 Plugs. Displace w/ 6.46 bbls Fresh water. Final pumping Pressure 600* Bump Plug 1200*. Shut well in w/ 1000* Good Cement to surface 6 bbl slurry top it. 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		MILEAGE <u>NK 2nd well</u>	-	-
1131	1405Ks	60/40 Pozmix Cement	12.55	1757.00
1110A	560*	Kal-Seal 5* per 1sk	.46	253.60
1118B	480*	Gel 4%	.21	100.80
1102	120*	Cacl2 1%	.74	88.80
111813	300*	Gel Flush	.21	63.00
5407	6.20	Tan Mileage Bulk Truck	m/c	350.00
4402	2	2 7/8 Top Rubber Plug	28.00	56.00
			Subtotal	3703.20
			SALES TAX 7.3%	169.59
			ESTIMATED TOTAL	3872.79

Ravin 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.