



**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: \_\_\_\_\_



1110062

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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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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<b>Operator License #:</b> 30345	<b>API #:</b> 15-207-28422-00-00
<b>Operator:</b> Piqua Petro Inc.	<b>Lease:</b> Hammond E
<b>Address:</b> 1331 Xylan Rd Piqua, KS 66761	<b>Well #:</b> 32-12
<b>Phone:</b> (620) 433-0099	<b>Spud Date:</b> 11-15-12 <b>Completed:</b> 11-16-12
<b>Contractor License:</b> 32079	<b>Location:</b> SW-SW-SE-NE of 8-24S-16E
<b>T.D.:</b> 1087 <b>T.D. of Pipe:</b> 1082	2470 <b>Feet From</b> North
<b>Surface Pipe Size:</b> 7" <b>Depth:</b> 41'	1160 <b>Feet From</b> East
<b>Kind of Well:</b> Oil	<b>County:</b> Woodson

## LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
5	Soil/Clay	0	5	13	Shale	960	973
19	Shale	5	24	5	Lime	973	978
2	Lime	24	26	3	Shale	978	981
156	Shale	26	182	2	Black Shale	981	983
50	Lime	182	232	13	Shale	983	996
19	Shale	232	251	14	Oil Sand	996	1010
212	Lime	251	463	8	Broken Sand	1010	1018
8	Shale	463	471	17	Shale	1018	1035
4	Lime	471	475	2	Lime Streaks	1035	1037
6	Shale	475	481	2	Shale	1037	1039
3	Lime	481	484	1	Lime	1039	1040
35	Shale	484	519	15	Oil Sand	1040	1055
102	Lime	519	621	32	Shale	1055	1087
2	Shale	621	623				
3	Black Shale	623	626				
25	Lime	626	651				
159	Shale	651	810				
4	Lime	810	814				
23	Shale	814	837		<b>T.D.</b>		1087
10	Lime	837	847		<b>T.D. of Pipe</b>		1082
60	Shale	847	907				
2	Lime	907	909				
4	Shale	909	913				
12	Lime	913	925				
12	Shale	925	937				
3	Lime	937	940				
2	Black Shale	940	942				
11	Shale	942	953				
7	Lime	953	960				

**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 Swells

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
<b>Total</b>				<b>\$21,314.90</b>

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



**CONSOLIDATED**  
Oil Well Services, LLC

**ENTERED**

TICKET NUMBER 38254  
LOCATION Eureka  
FOREMAN Steve Neal

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
11-20-12	4950	Hammond 32-12				Woodson
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Pigna Petroleum			455	Alan M		
MAILING ADDRESS			477	Chris B		
1331 Xylan Rd						
CITY	STATE	ZIP CODE				
Pigna	Ks	66761				

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 1090' CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH 1082 DRILL PIPE \_\_\_\_\_ TUBING 2 3/4 OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 6.25 DISPLACEMENT PSI 500\* Bump Mix Plug 1200\* RATE \_\_\_\_\_

REMARKS: Safety Meeting. Rig up to 2 3/4 Tubing. Break Circulation w/ 5 bbls Fresh  
Water. Pump 300' Gel Flush to 5 bbls water spacer. Mix 140 SKS 60/40  
Pozmix Cement by 5" Kol-seal, 4% Gel, 1% CaCl2. Wash out pump & lines  
with 2 plugs. Displace with 6.25 bbls Fresh water. Final pumping  
Pressure 500\* Bump Plug 1200\*. Shut Well in 1000\*. 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	140SKS	60/40 Pozmix Cement	12.55	1757.00
1110A	560*	Kol Seal 5" per/sk	.46	257.60
1118B	480*	Gel 4%	.21	100.80
1102	120*	CaCl2 1%	.74	88.80
5407	6.02	Ton mileage Bulk Truck	m/s	350.00
4402	2	2 3/4 Top Rubber Plug	28.00	56.00
			Subtotal	3800.20
			SALES TAX 2.3%	164.99
			ESTIMATED TOTAL	3965.19

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 the form are in effect for services identified on this form.