



KANSAS CORPORATION COMMISSION 1112518  
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: \_\_\_\_\_



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

<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> _____ _____
--	--	---

**Leis Oil Services, LLC**

1410 150th Rd  
Yates Center, KS 66783

**Invoice**

Number: 1001

Date: January 14, 2013

**Bill To:**

Greg Lair  
Piqua Petro  
1331 Xylan Rd  
Piqua, KS 66761

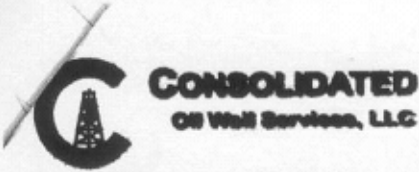
**Ship To:**

Greg Lair  
Piqua Petro  
1331 Xylan Rd  
Piqua, KS 66761

PO Number	Terms	Project
		Hmd E 11,19,20-12

Date	Description	Hours	Rate	Amount
12-17-12	drill pit	100.00	1.00	100.00
12-17-12	cement for surface	10.00	12.60	126.00
12-18-12	Drilling for Hammond E 11-12	1,103.00	6.25	6,893.75
12-20-12	drill pit	100.00	1.00	100.00
12-21-12	cement for surface	10.00	12.60	126.00
12-28-12	Drilling for Hammond E 19-12	1,107.00	6.25	6,918.75
12-28-12	drill pit	100.00	1.00	100.00
12-28-12	cement for surface	10.00	12.60	126.00
1-3-12	Drilling for Hammond E 20-12	1,107.00	6.25	6,918.75
1-8-12	mud pump charge for washing out old well	25.00	40.00	1,000.00
<b>Total</b>				<b>\$22,409.25</b>

0 - 30 days	31 - 60 days	61 - 90 days	> 90 days	Total
\$22,409.25	\$0.00	\$0.00	\$0.00	\$22,409.25



ENTERED

TICKET NUMBER 38397  
 LOCATION Eureka  
 FOREMAN Steve Nead

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
12-20-12	4950	Hammond # 11-12				Woodson
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Pigua Petrakum			485	Alan m		
MAILING ADDRESS			611	Jay		
1331 Xylan Rd						
CITY	STATE	ZIP CODE				
Pigua	Ks	66761				

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 1107 CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH 1098' DRILL PIPE \_\_\_\_\_ TUBING 2 7/8 OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 6.35 bbl DISPLACEMENT PSI 900\* <sup>Bump</sup> Mix 1300\* RATE \_\_\_\_\_

REMARKS: Safety Meeting: Rig up To 2 7/8 Tubing. Breaks Circulation w/ Freshwater. Pump 300# Gel Flush + 5bbl waterspacer. Mix 145 sks 60/40 portmix cement w/ 5# Kel-Seal perisk, 4% Gel + 1% Cact. Shutdown Washat pump & Lines. Staff 2 plugs. Displace with 6.35 bbls Fresh water. Final pumping Pressure 900# Bump Play 1300#. Shut well in w/ 500# Good Cement Returns To surface 6bbl in 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	145sks	60/40 portmix Cement	12.35	1819.75
1110A	785#	Kel Seal 5# perisks	.46	333.50
1118B	500#	Gel 4%	.21	105.00
1102	125#	Cact 1%	.74	92.50
1118A	300#	Gel Flush	.21	63.00
5407	6.24 Ton	Ton mileage Bulk Truck	MIL	350.00
4402	2	2 7/8 Top Rubber Plugs	28.00	56.00
			SubTotal	4009.75
			SALES TAX 2.3%	180.30
			ESTIMATED TOTAL	4190.05

Revin 3737

206534

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.

4TH well  
546219

TICKET NUMBER **54866**  
FIELD TICKET REF # **48177**  
LOCATION **Thayer**  
FOREMAN **Baeth Busby**

**TREATMENT REPORT**  
**FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-23-13	49917	Hammond "E" #11-12	8	245	16E	WO
CUSTOMER			TRUCK #			
Piqua Petco, Inc			DRIVER			
MAILING ADDRESS			TRUCK #			
CITY			DRIVER			
STATE			TRUCK #			
ZIP CODE			DRIVER			

**WELL DATA**

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <b>2 7/8 8EUF</b>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<b>1055-69 (30)</b>	<b>Squiccel</b>

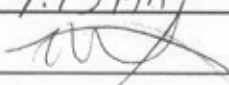
TRUCK #	DRIVER	TRUCK #	DRIVER
476	Josh		
490	Dwayne		
<del>458</del>	Joe		
582	Daniel		
619791	George		
6797102	Junior		

**TYPE OF TREATMENT**  
Acid spot + frac w/ acid O/F

**CHEMICALS**  
Biocide - Breaker  
Acid - inhibitor - Stim Oil

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAD	20	20				BREAKDOWN 1300
16-30		20	1.5-1.0	500#		START PRESSURE
12-20		20	1.0			END PRESSURE
12-20		20	2.0	2,000#		BALL OFF PRESS
Bio-balls (10) * (5)		20	0-1.5			ROCK SALT PRESS
12-20		20	1.0			ISIP 600
12-20		20	1.0	500#		5 MIN
Bio-balls (3)		20-18	1.0			10 MIN
12-20		18	1.5			15 MIN
12-20		20	2.0	2,000#		MIN RATE
FLUSH CASING	10	20	TOTAL	5,000#		MAX RATE
Release balls to T.D.			SAND			DISPLACEMENT 6.2
OVERFLUSH	10	20				
TOTAL BPSW	150					

REMARKS:  
Spotted 75 gal - 15% HCL acid on perfs  
Blend 150 gal - Raw HCL acid O/F w/ balls  
Location 1:15 PM - 1:45 PM 50 miles

AUTHORIZATION  TITLE \_\_\_\_\_ DATE 1-23-13

<b>Operator License #:</b> 30345	<b>API #:</b> 15-207-28419-00-00
<b>Operator:</b> Piqua Petro Inc.	<b>Lease:</b> Hammond E
<b>Address:</b> 1331 Xylan Rd Piqua, KS 66761	<b>Well #:</b> 11-12
<b>Phone:</b> (620) 433-0099	<b>Spud Date:</b> 12-18-12 <b>Completed:</b> 12-19-12
<b>Contractor License:</b> 32079	<b>Location:</b> NW-SE-NE-NE of 8-24S-16E
<b>T.D.:</b> 1103 <b>T.D. of Pipe:</b> 1099	830 <b>Feet From</b> North
<b>Surface Pipe Size:</b> 7" <b>Depth:</b> 41'	500 <b>Feet From</b> East
<b>Kind of Well:</b> Oil	<b>County:</b> Woodson

## LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
8	Soil/Clay	0	8	4	Lime	951	955
2	Lime	8	10	15	Shale	955	970
8	Shale	10	18	3	Lime	970	973
6	Lime	18	24	15	Shale	973	988
181	Shale	24	205	5	Lime	988	993
50	Lime	205	255	3	Black Shale	993	996
22	Shale	255	277	8	Shale	996	1004
199	Lime	277	476	4	Oil Sand	1004	1008
4	Shale	476	480	2	Lime	1008	1010
1	Lime	480	481	13	Oil Sand	1010	1023
4	Shale	481	485	30	Shale	1023	1053
11	Lime	485	496	2	Lime Streaks	1053	1055
39	Shale	496	535	8	Oil Sand	1055	1063
3	Lime	535	538	10	Broken Sand/Shale	1063	1073
70	Shale	538	608	40	Sandy Shale	1073	1103
6	Lime	608	614				
24	Shale	614	638				
10	Lime	638	648				
2	Shale	648	650				
10	Lime	650	660				
164	Shale	660	824				
5	Lime	824	829				
21	Shale	829	850		<b>T. D.</b>		<b>1103</b>
11	Lime	850	861		<b>T. D. of pipe</b>		<b>1099</b>
60	Shale	861	921				
2	Lime	921	923				
5	Shale	923	928				
10	Lime	928	938				
13	Shale	938	951				