



KANSAS CORPORATION COMMISSION 1112716
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: _____



1112716

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
<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 Bbbs.	Gas Mcf	Water Bbbs.	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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
---	---	--

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
Total				\$22,409.25

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



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 41165
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
1-3-13	4950	Hammond #19-12				Woodson
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			485	Alan M		
CITY			611	Jim		
STATE						
ZIP CODE						
Pigua						
KS						
66761						

JOB TYPE Longstring O HOLE SIZE 5 3/8 HOLE DEPTH 1107 CASING SIZE & WEIGHT _____
 CASING DEPTH 1102' DRILL PIPE _____ TUBING 2 3/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING _____
 DISPLACEMENT 6.35 bbls DISPLACEMENT PSI 500* Bump Plug 1200* RATE _____

REMARKS: Soft Mating: Rig up to 2 3/8 Tubing. Break Circulation w/ Fresh Water.
Pump 300# Gel Flush x 5 bbls water spacer. Mix 145 SKs 60/40 Perm Cement
w/ 5# Kal-Seal, 4% Gel, 1% CaCl2. Shut down. Wash out pump & lines.
Stuff 2 plugs. Displace with 6.35 bbls Freshwater. Final pumping Pressure
500#. Bump Plug 1200#. Shut well in 800#. Good Cement Return to
Surface. 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	145 SKs	60/40 Perm Cement	12.55	1819.75
1110A	725#	Kal-Seal 5# per/sk	.46	333.50
1118B	500#	Gel 4%	.21	105.00
1102	125#	CaCl2 1%	.74	92.50
1118B	300#	Gel Flush	.21	63.00
5407	6.24	Tenmileage Bulk Truck	m/c	350.00
4402	2	2 3/8 Tap Rubber Plugs	28.00	56.00
			Subtotal	4009.75
			SALES TAX 7.3%	180.30
			ESTIMATED TOTAL	4190.05

Revin 3737

255857

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.

Operator License #: 30345		API #: 15-207-28483-00-00	
Operator: Piqua Petro Inc.		Lease: Hammond E	
Address: 1331 Xylan Rd Piqua, KS 66761		Well #: 19-12	
Phone: (620) 433-0099		Spud Date: 12-28-12 Completed: 01-03-13	
Contractor License: 32079		Location: NE-SW-NE-NE of 8-24S-16E	
T.D.: 1107	T.D. of Pipe: 1102	830	Feet From North
Surface Pipe Size: 7"	Depth: 41'	830	Feet From East
Kind of Well: Oil		County: Woodson	

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
8	Soil/Clay	0	8	2	Lime	950	952
2	Lime	8	10	7	Shale	952	959
8	Shale	10	18	3	Lime	959	962
6	Lime	18	24	12	Shale	962	974
181	Shale	24	205	8	Lime	974	982
50	Lime	205	255	11	Shale	982	993
22	Shale	255	277	6	Lime	993	999
199	Lime	277	476	9	Shale	999	1008
4	Shale	476	480	17	Oil Sand/good bleed	1008	1025
1	Lime	480	481	31	Shale	1025	1056
4	Shale	481	485	2	Lime	1056	1058
11	Lime	485	496	2	Shale	1058	1060
39	Shale	496	535	1	Lime	1060	1061
3	Lime	535	538	12	Broken Sand/Shale	1061	1073
83	Shale	538	621	44	Sandy Shale	1073	1107
2	Lime	621	623				
4	Shale	623	627				
14	Lime	627	641				
5	Shale	641	646				
26	Lime	646	672				
161	Shale	672	833				
3	Lime	833	836				
20	Shale	836	856		T. D.		1107
11	Lime	856	867		T. D. of pipe		1102
59	Shale	867	926				
3	Lime	926	929				
4	Shale	929	933				
13	Lime	933	946				
4	Shale	946	950				

5th well

TICKET NUMBER 54867
FIELD TICKET REF # 48177
LOCATION Thayer
FOREMAN Brett Busby

TREATMENT REPORT
FRAC & ACID

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-23-13		Hammond "E" #19-12	8	24S	16E	WO
CUSTOMER Piqua Petro. Inc			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
			DRIVER			

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 1/8 80UF</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>1060-76 (3A)</u>	<u>Squirrel</u>

TRUCK #	DRIVER	TRUCK #	DRIVER
476	Josh	680T221	Stan
490	Dwayne		
458	Joe		
582	Daniel		
547	Ed		
619T91	George		

TYPE OF TREATMENT
Acid spot + frac w/ acid OTF

CHEMICALS
Biocide - Breaker
Acid-inhibitor - Stim Oil

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI
PAD	20	20			BREAKDOWN 1500
16-30		20		500#	START PRESSURE
12-20		20			END PRESSURE
12-20		20		2,000#	BALL OFF PRESS
Bio balls (8) + (7) + (5)		↓			ROCK SALT PRESS
12-20		↓			ISIP 700
12-20		20		500#	5 MIN
Bio balls (2)	(22)	20-18			10 MIN
12-20		18			15 MIN
12-20		20		2000	MIN RATE
FLUSH CASING	10	20			MAX RATE
Release balls to F.D.			TOTAL	5,000#	DISPLACEMENT 6.3
OVERFLUSH	10	20	SAND		
TOTAL BBL'S	171				

REMARKS:
Spotted 75 gal - 15% HCL acid on perfs
Blend 150 gal raw HCL acid OTF w/ balls

Location 2:00 PM - 2:30 PM 50 miles

AUTHORIZATION [Signature] TITLE _____ DATE 1-23-13