



KANSAS CORPORATION COMMISSION 1112737
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 Date Reached TD Completion Date or
Recompletion Date 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: _____



1112737

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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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
		Town

Date	Description	Hours	Rate	Amount
11-21-12	Drill pit	100.00	1.00	100.00
11-21-12	Cement for surface	10.00	12.60	126.00
11-26-12	drilling for Town 8-12	1,376.00	6.25	8,600.00
11-27-12	Drill pit	100.00	1.00	100.00
11-27-12	Cement for surface	10.00	12.60	126.00
11-29-12	drilling for Town 6-12	1,342.00	6.25	8,387.50
Total				\$17,514.50

0 - 30 days	31 - 60 days	61 - 90 days	> 90 days	Total
\$17,514.50	\$0.00	\$0.00	\$0.00	\$17,514.50



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 38247
LOCATION Firexa
FOREMAN Rick Ledford

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT API# 15-207-28347

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-27-12	4950	Towne 8-12				Woodson
CUSTOMER <u>Pigna Petroleum</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>1331 Xylan Rd</u>			<u>520</u>	<u>John</u>		
CITY <u>Pigna</u>	STATE <u>Ks</u>	ZIP CODE	<u>515</u>	<u>Mark</u>		
			<u>667</u>	<u>Chris B.</u>		
			<u>452/7103</u>	<u>Jim</u>		

JOB TYPE L/S O HOLE SIZE 5 5/8" HOLE DEPTH 1376' CASING SIZE & WEIGHT _____
 CASING DEPTH 1371' DRILL PIPE _____ TUBING 2 7/8" OTHER _____
 SLURRY WEIGHT 12.8-13.4# SLURRY VOL 41 Bbl WATER gal/sk 8.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 8 Bbl DISPLACEMENT PSI 800 PSI 1200 Bump plus RATE _____

REMARKS: Safety meeting - Rig up to 2 7/8" tubing. Break circulation w/ fresh water. Pump 500# gel-flush, 20 Bbl water spacer. Mixed 100 sks 60/40 Permox cement w/ 6% gel + 1# phenoseal/sk @ 12.8#/gal. Tail in w/ 50 sks OWC cement w/ 5# Kel-seal/sk + 1# phenoseal/sk @ 13.9#/gal. Washout pump + lines, stuff 2 plugs. Displace w/ 8 Bbl fresh water. Final pump pressure 800 PSI. Bump plug to 1200 PSI. Shut well in @ 500 PSI. Good cement returns to surface = 2 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	20	MILEAGE	4.00	80.00
1131	100 sks	60/40 Permox cement	12.55	1255.00
118B	500#	6% gel	.21	105.00
1107A	100#	1# phenoseal/sk	1.29	129.00
1126	50 sks	OWC cement	18.80	940.00
1110A	250#	5# Kel-seal/sk	.46	115.00
1107A	50#	1# phenoseal/sk	1.29	64.50
1118B	500#	gel-flush	.21	105.00
5407	6.9	van mileage bulk trk	m/c	350.00
5501C	3 hrs	water transport	112.00	336.00
1123	5500 gal	city water	16.50/1000	90.75
4402	2	2 7/8" top rubber plugs	28.00	56.00
			subtotal	4656.25
			7.3% SALES TAX	209.80
			ESTIMATED TOTAL	4865.05

Rayn 3737

254899

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 for



LEIS OIL SERVICES

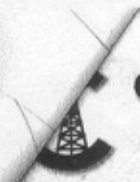
1410 150th Rd. • Yates Center, Kansas 66783 • (620) 212-0752



Operator License #: 30345		API #: 15-207-28347-00-00	
Operator: Piqua Petro Inc.		Lease: Town	
Address: 1331 Xylan Rd Piqua, KS 66761		Well #: 8-12	
Phone: (620) 433-0099		Spud Date: 11-21-12 Completed: 11-26-12	
Contractor License: 32079		Location: SE-SE-NE-NW of 31-25S-14E	
T.D. : 1376	T.D. of Pipe: 1371	1170	Feet From North
Surface Pipe Size: 7"	Depth: 41'	2130	Feet From West
Kind of Well: Oil		County: Woodson	

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
4	Soil	0	4	2	Lime	1078	1080
3	Lime	4	7	9	Shale	1080	1089
152	Shale	7	159	18	Lime	1089	1107
7	Lime	159	166	20	Shale	1107	1127
166	Shale	166	332	16	Lime	1127	1143
7	Lime	332	339	83	Shale	1143	1226
6	Shale	339	345	3	Lime	1226	1229
43	Lime	345	388	93	Shale	1229	1322
4	Shale	388	392	10	Oil Sand	1322	1332
56	Lime	392	448	44	Sandy Shale	1332	1376
3	Shale	448	451				
72	Lime	451	523				
25	Shale	523	548				
56	Lime	548	604				
42	Shale	604	646				
11	Lime	646	657				
6	Shale	657	663				
83	Lime	663	745				
3	Black Shale	745	748				
30	Lime	748	778				
2	Black Shale	778	780				
39	Lime	780	819		T.D.		1376
138	Shale	819	957		T.D. of pipe		1371
3	Lime	957	960				
13	Shale	960	973				
2	Lime	973	975				
14	Shale	975	989				
9	Lime	989	998				
80	Shale	998	1078				



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 54695
FIELD TICKET REF # 48091
LOCATION Thayer
FOREMAN Gary Wileaf

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-11-12	4950	Town # 8-12	31	25	14	W00

CUSTOMER
Pigna Petro

MAILING ADDRESS

CITY STATE ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
524	Tramps		
458	Tom		
521	Eric		
619/191	George		
489/119	Dwayne		

WELL DATA

CASING SIZE	TOTAL DEPTH
1322.5 - 32.5	(21) Cattleman
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	

TYPE OF TREATMENT
Acid spot / Frac

CHEMICALS

<u>Cost. Water</u>	<u>105</u>	<u>1520 HCl Acid</u>
<u>20% Gel Breaker</u>		<u>Int. L. L.</u>
<u>Bio. Se</u>		<u>Slime O.I.</u>
		<u>Raw Acid OTF</u>

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
Pad	15	-16				BREAKDOWN <u>1950</u>
16/30				300		START PRESSURE
14/10				2700		END PRESSURE
14/10 10 balls 50 acid	(14)			300		BALL OFF PRESS
12/10 2+1.1 balls				700		ROCK SALT PRESS
12/20				2000		ISIP <u>500</u>
Flush	10					5 MIN
Release						10 MIN
Overflush	5					15 MIN
						MIN RATE
						MAX RATE
Totals	145			6000		DISPLACEMENT

REMARKS: Spot 75 acid to parts - breakdown and stage
255311

AUTHORIZATION _____ TITLE _____ DATE _____

Terms and Conditions are printed on reverse side.