



KANSAS CORPORATION COMMISSION 1112816
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: _____



1112816

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 20, 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
		Eagle 4-12

Date	Description	Hours	Rate	Amount
12-3-12	drill pit	100.00	1.00	100.00
12-3-12	<u>Cement for surface</u>	8.00	12.60	100.80
12-5-12	Drilling for Eagle 4-12	1,368.00	6.25	8,550.00
Total				\$8,750.80

0 - 30 days	31 - 60 days	61 - 90 days	> 90 days	Total
\$8,750.80	\$0.00	\$0.00	\$0.00	\$8,750.80



LEIS OIL SERVICES

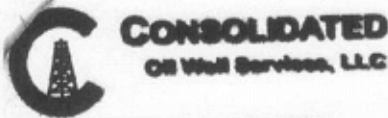
1410 150th Rd. • Yates Center, Kansas 66783 • (620) 212-0752



Operator License #: 30345		API #: 15-207-28442-00-00	
Operator: Piqua Petro Inc.		Lease: Eagle	
Address: 1331 Xylan Rd Piqua, KS 66761		Well #: 4-12	
Phone: (620) 433-0099		Spud Date: 11-21-12 Completed: 11-26-12	
Contractor License: 32079		Location: SW-SW-NW-NE of 31-25S-14E	
T.D.: 1368	T.D. of Pipe: 1363	1170	Feet From North
Surface Pipe Size: 7"	Depth: 41'	2810	Feet From West
Kind of Well: Oil		County: Woodson	

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
6	Soil/Clay	0	6	21	Shale	1106	1127
20	Shale	6	26	18	Lime	1127	1145
48	Sand	26	74	12	Shale	1145	1157
84	Shale	74	158	3	Lime	1157	1160
2	Lime	158	160	66	Shale	1160	1226
6	Shale	160	166	2	Lime	1226	1228
2	Lime	166	168	95	Shale	1228	1323
165	Shale	168	333	10	Oil Sand	1323	1333
6	Lime	333	339	35	Shale	1333	1368
6	Shale	339	345				
101	Lime	345	446				
5	Shale	446	451				
72	Lime	451	523				
24	Shale	523	547				
58	Lime	547	605				
56	Shale	605	661				
3	Lime	661	664				
8	Shale	664	672				
71	Lime	672	743				
4	Black Shale	743	747				
72	Lime	747	819				
139	Shale	819	958		T.D.		1368
3	Lime	958	961		T.D. of pipe		1363
30	Shale	961	991				
6	Lime	991	997				
78	Shale	997	1075				
3	Lime	1075	1078				
13	Shale	1078	1091				
15	Lime	1091	1106				



ENTERED

TICKET NUMBER 38289
 LOCATION Eureka
 FOREMAN Steve Neal

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

FIELD TICKET & TREATMENT REPORT

CEMENT API 15-207-2844A

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-5-12	41950	Eagle #4-12	21	255	14E	Woodson
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Pigua Petroleum			465	Alan m		
MAILING ADDRESS			667	Chris m		
1331 Xylan Rd			611	Jim		
CITY	STATE	ZIP CODE				
Pigua	KS					

JOB TYPE Long String HOLE SIZE 5 3/8 HOLE DEPTH 1368' CASING SIZE & WEIGHT _____
 CASING DEPTH 1362' DRILL PIPE _____ TUBING 2 3/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 2.9 bbls DISPLACEMENT PSI 700* ^{Pump} 1200* RATE _____

REMARKS: Softy Meeting: Rig up to 2 3/8 Tubing. Break Circulation w/ Fresh water. Pump 500# Gel Flush + 5bbls water spacer. Mix 100sk 60/40 Pozmix Cement w/ 6% Gel + 1# phenoseal per/sk. Tail in with 50sk OWC cement w/ 5# Kol-seal, 1# phenoseal. Shut down. Wash out pump + lines. Stuff & plug. Displace w/ 2.9 bbls Freshwater. Final pumping Pressure 700# Bump plug 1200#. Bleed pressure down to 500# Shut well in. Good cement Returns to surface 7bbls to Pit. Job Complete Rig down

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5301	1	PUMP CHARGE	1030.00	1030.00
5306	20	MILEAGE	4.00	80.00
1131	100sk	60/40 Pozmix Cement	12.55	1255.00
1118B	500*	Gel 6% } Lead	.21	105.00
1107A	100*	Phenoseal 1# per/sk } Lead	1.29	129.00
1126	50sk	OWC Cement	18.80	940.00
1110A	250*	Kol-Seal 5# per/sk	.46	115.00
1107A	50#	Phenoseal 1# per/sk	1.29	64.50
1118B	500*	Gel-Flush	.21	105.00
5407	6.9	700 Mileage Bulk Truck	m/c	350.00
4402	2	2 3/8 Top Rubber Plug	28.00	56.00
			SubTotal	4229.50
			7.3% SALES TAX	308.80
			ESTIMATED TOTAL	4431.10

Revin 3737 255045
 AUTHORIZATION by Matt Heis TITLE _____ DATE 12-5-2012

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.