



KANSAS CORPORATION COMMISSION 1113156
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: _____



1113156

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
		Wingrave 61-12

Date	Description	Hours	Rate	Amount
11-19-12	drill pit	100.00	1.00	100.00
11-19-12	Cement for surface	8.00	12.60	100.80
11-20-12	drilling for Wingrave 61-12	1,100.00	6.25	6,875.00
Total				\$7,075.80

0 - 30 days	31 - 60 days	61 - 90 days	> 90 days	Total
\$7,075.80	\$0.00	\$0.00	\$0.00	\$7,075.80



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 38255

LOCATION Funeka

FOREMAN Stewart 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	Wingraze # 61-12				Woodson
CUSTOMER Pigna Petroleum			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1331 Xolan Rd			485	Alan M		
CITY Pigna			667	Allen B		
STATE KS		ZIP CODE 66761				

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 1098' CASING SIZE & WEIGHT _____
 CASING DEPTH 1098' DRILL PIPE _____ TUBING 2 3/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 6.33 DISPLACEMENT PSI 500* ^{Bump} MIX PSI plug 1200* RATE Shut well in 500*

REMARKS: Safety meeting! Rig up to 2 3/8 Tubing. Break Circulation w/ 7 bbls Fresh Water. Pump 300* Gel Flush & 5 bbls Water spacer. Mix 140sk 60/40 Pozmix Cement w/ 5* Kol-Seal, 4% Gel & 12% Cacl2. Washout Pump & Lines stuff & plug. Displace with 6.33 bbls Fresh water. Final pumping Pressure 500* Bump Plug 1200*. Shut well in w/ 500* Good Cement Returns to surface 6 bbls 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	-	MILEAGE 2 nd well	-	-
1138	140sk	60/40 Pozmix Cement	12.55	1757.00
1110A	560*	Kol-seal	46.	257.60
1118B	480*	Gel	.21	100.80
1102	120*	Cacl2	.74	88.80
5407	6.02	Ton Mileage Bulkr Truck	M/C	350.00
4402	2	2 3/8 Top Rubber Plug	28.00	56.00
			Subtotal	3640.20
			SALES TAX	164.99
			ESTIMATED TOTAL	3805.19

Revin 3737

[Signature]

254804

AUTHORIZATION _____

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 #: 15-207-28430-00-00
Operator: Piqua Petro, Inc.	Lease: Wingrave
Address: 1331 Xylan Rd Piqua, KS 66761	Well #: 61-12
Phone: 620.433.0099	Spud Date: 11-19-12 Completed: 11-20-12
Contractor License: 32079	Location: SW-SE-SW-NE of 17-24-16E
T.D. : 1100 T.D. of Pipe: 1094	2470 Feet From North
Surface Pipe Size: 7" Depth: 41'	1770 Feet From West
Kind of Well: Oil	County: Woodson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
12	Soil and Clay	0	12	2	Black Shale	945	947
175	Shale	12	187	14	Shale	947	961
45	Lime	187	232	5	Lime	961	966
7	Shale	232	239	15	Shale	966	981
135	Lime	239	374	4	Lime	981	985
7	Shale	374	381	4	Shale	985	989
94	Lime	381	475	3	Black Shale	989	992
6	Shale	475	481	2	Lime	992	994
7	Lime	481	488	4	Shale	994	998
38	Shale	488	526	12	Oil Sand/bleed	998	1010
3	Lime	526	529	4	Shale/Brkn Sand	1010	1014
6	Shale	529	535	29	Shale	1014	1043
67	Lime	535	602	1	Lime	1043	1044
3	Black Shale	602	605	3	Shale	1044	1047
25	Lime	605	628	3	Lime Streaks	1047	1050
2	Shale	628	630	1	Shale/some sand	1050	1051
2	Black Shale	630	632	5	Oil Sand/lt bleed	1051	1056
22	Lime	632	654	4	Broken Sand/shale	1056	1060
164	Shale	654	818	40	Shale	1060	1100
2	Lime	818	820				
22	Shale	820	842		T.D.		1100
9	Lime	842	851		T.D. of Pipe		1094
59	Shale	851	910				
2	Lime	910	912				
8	Shale	912	920				
16	Lime	920	936				
5	Shale	936	941				
4	Lime	941	945				



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

2nd well

TICKET NUMBER 54619
FIELD TICKET REF # 48106
LOCATION Thayer
FOREMAN Brett Busby

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-6-12		Wingrave 61-12	17	245	16E	WO

CUSTOMER
Piqua Petroleum

MAILING ADDRESS

CITY STATE ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
476	Josh		
490	Don		
482	Mark		
582	Daniel		
489T119	Nate		
61			

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 7/8 XUE</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>1000.5-10.5 (21)</u>	<u>Squirrel</u>
<u>1049-55 (13)</u>	

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	
<u>PAD</u>	<u>20</u>	<u>20</u>				<u>BREAKDOWN 1300</u>
<u>16-30</u>		<u>20</u>	<u>15-1.0</u>			<u>START PRESSURE</u>
<u>16-30 50 acid</u>		<u>20</u>	<u>1.0</u>	<u>500#</u>		<u>END PRESSURE</u>
<u>12-20</u>			<u>1.5</u>			<u>BALL OFF PRESS</u>
<u>12-20</u>			<u>2.0</u>	<u>3000#</u>		<u>ROCK SALT PRESS</u>
<u>12-20 (7) 50 acid</u>			<u>.5</u>			<u>ISIP 725</u>
<u>12-20 + (3) Bioballs</u>			<u>1.0</u>			<u>5 MIN</u>
<u>12-20 50 acid</u>			<u>1.0</u>	<u>1500#</u>		<u>10 MIN</u>
<u>12-20</u>			<u>1.0</u>			<u>15 MIN</u>
<u>12-20</u>			<u>2.0</u>	<u>2,000#</u>		<u>MIN RATE</u>
<u>FLUSH CASING 10</u>						<u>MAX RATE</u>
<u>Release balls to T.D.</u>			<u>TOTAL</u>	<u>7,000#</u>		<u>DISPLACEMENT 6.2</u>
<u>OVERFLUSH 10</u>	<u>20</u>	<u>20</u>	<u>SAND</u>		<u>1600</u>	
<u>TOTAL BBL'S 225</u>						

REMARKS:

Spotted 100 gal - 15% HCL acid on perfs
Blended 150 gal - Raw acid OTF
Location 10:30AM - 11:30AM 50 miles

AUTHORIZATION [Signature] TITLE _____ DATE 12-6-12

Terms and Conditions are printed on reverse side.