



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1120461

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: _____

1120461

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 ☐ Yes ☐ No
(Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☐ No

Cores Taken ☐ Yes ☐ No

Electric Log Run ☐ Yes ☐ No

Electric Log Submitted Electronically ☐ Yes ☐ No
(If no, Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample
Name Top Datum

CASING RECORD ☐ New ☐ 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 (Amount and Kind of Material Used)	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
--	--	--

Leis Oil Services, LLC1410 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
		Wingrave 62,63,06

Date	Description	Hours	Rate	Amount
1-3-13	drill pit	100.00	1.00	100.00
1-3-13	cement for surface	10.00	12.60	126.00
1-4-13	Drilling for wingrave 63-12	1,088.00	6.25	6,800.00
1-5-13	drill pit	100.00	1.00	100.00
1-5-13	cement for surface	10.00	12.60	126.00
1-7-13	Drilling for wingrave 62-12	1,047.00	6.25	6,543.75
1-8-13	drill pit	100.00	1.00	100.00
1-8-13	cement for surface	10.00	12.60	126.00
1-9-13	Drilling for Wingrave 06-12	1,043.00	6.25	6,518.75
1-9-13	Back hoe work spreading rock and filling pits	4.00	65.00	260.00
Total				\$20,800.50

0 - 30 days	31 - 60 days	61 - 90 days	> 90 days	Total
\$20,800.50	\$0.00	\$0.00	\$0.00	\$20,800.50

TICKET NUMBER 41173

LOCATION Eureka

FOREMAN STOURMEAN

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
1-9-13	4950	Windgraves 06-12				Woodson
CUSTOMER Pigua Petroleum						
MAILING ADDRESS 1331 xylan Rd						
CITY Pigua	STATE KS	ZIP CODE 66761	TRUCK # 485	DRIVER Alan m	TRUCK #	DRIVER
			611	Joey		

JOB TYPE <u>Long stringer</u>	HOLE SIZE <u>5 1/8</u>	HOLE DEPTH <u>1043'</u>	CASING SIZE & WEIGHT _____
CASING DEPTH <u>1039'</u>	DRILL PIPE _____	TUBING <u>2 7/8</u>	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING _____
DISPLACEMENT <u>6 bbl</u>	DISPLACEMENT PSI <u>500*</u>	<u>6 amp</u> Mud PSI <u>214</u> <u>1200*</u>	RATE _____

REMARKS: Safety Meeting: Rig up to 2 7/8 tubing. Break Circulation w/ 7 bbls Fresh water. Mix 300# Gel Flush & 5 bbl water spacer. Mix 145 sls 60/40 Pozmix Cement w/ 5# Mol-Seal, 4% Gel & 1% Cocl. Shut down. Wash out Pump & Lines. Stuff & plug. Displace w/ 6 bbls Freshwater. Fine pumping. Pressure 500# Bump Plug 1200#. Shut well in 800#. Good Cement Returns to surface. Job Complete Rig down

Thank You

[illegible]

Rawlin 3737

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 #: 15-207-28486-0000
Operator: Piqua Petro, Inc.	Lease: Wingrave
Address: 1331 Xylan Rd Piqua, KS 66761	Well #: 06-12
Phone: 620.433.0099	Spud Date: 1-8-13 Completed: 1-9-13
Contractor License: 32079	Location: NE-SW-NW-SE of 16-24-16E
T.D. : 1039 T.D. of Pipe: 1043	1800 Feet From South
Surface Pipe Size: 7" Depth: 41'	3050 Feet From West
Kind of Well: Oil	County: Woodson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
20	Soil & Sand	0	20	8	Shale	935	943
115	Shale	20	135	1	Lime	943	944
50	Lime	135	185	6	Shale	944	950
25	Shale	185	210	2	Broken Sand	950	952
111	Lime	210	321	11	Oil Sand	952	963
13	Shale	321	334	31	Shale	963	994
63	Lime	334	397	1	Lime	994	995
63	Shale	397	460	10	Oil Sand	995	1005
77	Lime	460	537	38	Shale	1005	1043
5	Shale	537	542				
3	Black Shale	542	545				
24	Lime	545	569				
3	Black Shale	569	572				
24	Lime	572	596				
167	Shale	596	763				
4	Lime	763	767				
22	Shale	767	789		T.D.		1043
9	Lime	789	798		T.D. of Pipe		1039
61	Shale	798	859				
2	Lime	859	861				
5	Shale	861	866				
15	Lime	866	881				
9	Shale	881	890				
3	Lime	890	893				
15	Shale	893	908				
8	Lime	908	916				
14	Shale	916	930				
5	Lime	930	935				

CONSOLIDATED
Oil Well Services, LLC

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

2nd well

TICKET NUMBER **54864**
FIELD TICKET REF # **48176**
LOCATION **Thayer**
FOREMAN **Brett Busby**

TREATMENT REPORT
FRAC & ACID

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-23-13		Wingrave 6-12				WO
CUSTOMER Piqua Petroleum Inc						
MAILING ADDRESS						
CITY		STATE	ZIP CODE			

TRUCK #	DRIVER	TRUCK #	DRIVER
476	Josh	680221	Jan
480	Don		
482	Mark		
582	Daniel		
547	Ed		
619791	George		

WELL DATA	
CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE 2 1/8 XUE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
952-962 (20)	Squirrels
994-1008 (21)	

TYPE OF TREATMENT
Acid spot + Frac w/ acid OTF

CHEMICALS
KOLSUB Biocide - Breaker
Acid - inhibitor - Stim Oil

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI
PAD	20	20			BREAKDOWN 1100
16-30		20	.5-1.0	500'	START PRESSURE
12-20			1.0		END PRESSURE
12-20			2.0		BALL OFF PRESS
12-20			2.0	2500'	ROCK SALT PRESS
Bioballs (20)			.5		ISIP 450
12-20 (8) + (5)		20	1.0		5 MIN
12-20 (5) + (38)		18	1.0	1,000'	10 MIN
12-20		18	1.5		15 MIN
12-20		20	2.0	2,000'	MIN RATE
FLUSH CASING 10		20			MAX RATE
Release balls to T.D.			TOTAL	6,000'	DISPLACEMENT 6.0
OVERFLUSH 10		20	SAND		
TOTAL BCLS 156					

REMARKS:

Spotted 100 gal -15% HCL acid on perfs
Blended 100 gal raw HCL acid OTF w/ balls
Location 11:00A - 12:00PM
952-8 **50 miles**

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

Terms and Conditions are printed on reverse side.