



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
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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: _____



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



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 41170
LOCATION Eureka
FOREMAN Steve 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
1-8-73	4950	Windgrave 62-12				Woodson
CUSTOMER Pigua Petroleum			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 1331 Xylan Rd			485	Alan m.		
CITY STATE ZIP CODE Pigua KS 66761			611	JOEY		

JOB TYPE Longstring 0 HOLE SIZE 5 7/8 HOLE DEPTH 1043' CASING SIZE & WEIGHT _____
 CASING DEPTH 1042 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 6 bbls DISPLACEMENT PSI 500* 2 3/4 plug 1200* RATE _____

REMARKS: Safety Meeting. Rig up to 2 3/4 Tubing. Break Circulation w/ 5 bbls Fresh water. Pump 300* Gel Flush + 5 bbl Water spacer. Mix 145 sks 60/40 portmix Cement with 5* K&L Seal, 4% Gel + 1% Calc. Shut down. Wash out Pump & Lines. Stuff 2 plugs. Displace with 6 bbls Fresh water. Final pumping Pressure 500* Bump 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 Portmix Cement	12.55	1819.75
1110A	725*	K&L Seal 5* per/sk	.46	333.50
1118B	498*	Gel 4%	.21	104.58
1102	125*	Calc 1%	.74	92.50
1118B	300*	Gel Flush	.21	63.00
5407	6.24	Ton mileage Bulk Truck	m/c	350.00
4402	2	2 3/4 Top Rubber Plugs	28.00	56.00
			Sub Total	4009.33
			SALES TAX 2.3%	180.26
			ESTIMATED TOTAL	4189.59

Ravin 3737

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 #: 15-207-28464-0000
Operator: Piqua Petro, Inc.	Lease: Wingrave
Address: 1331 Xylan Rd Piqua, KS 66761	Well #: 62-12
Phone: 620.433.0099	Spud Date: 1-5-13 Completed: 1-7-13
Contractor License: 32079	Location: NE-SW-SW-SW of 16-24-16E
T.D. : 1047 T.D. of Pipe: 1042	620 Feet From South
Surface Pipe Size: 7" Depth: 41'	620 Feet From West
Kind of Well: Oil	County: Woodson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
12	Soil & Sand	0	12	16	Shale	917	933
123	Shale	12	135	4	Lime	933	937
12	Lime	135	147	9	Shale	937	946
2	Shale	147	149	1	Lime	946	947
29	Lime	149	178	4	Shale	947	951
38	Shale	178	216	1	Lime	951	952
115	Lime	216	331	3	Shale	952	955
9	Shale	331	340	6	Oil Sand	955	961
61	Lime	340	401	33	Shale	961	994
62	Shale	401	463	1	Lime	994	995
77	Lime	463	540	3	Shale	995	998
4	Shale	540	544	3	Oil Sand	998	1001
3	Black Shale	544	547	2	Shale	1001	1003
24	Lime	547	571	5	Oil Sand	1003	1008
4	Black Shale	571	575	39	Shale	1008	1047
25	Lime	575	600				
165	Shale	600	765		T.D.		1047
4	Lime	765	769		T.D. of Pipe		1042
24	Shale	769	793				
9	Lime	793	802				
61	Shale	802	863				
2	Lime	863	865				
6	Shale	865	871				
15	Lime	871	886				
8	Shale	886	894				
3	Lime	894	897				
15	Shale	897	912				
5	Lime	912	917				

151
156213

TICKET NUMBER 54829
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	4490	Wingrave 62-12	16	24S	16E	WO
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Pigna Petro, Inc			476	Josh	6801221	Stan
MAILING ADDRESS			490	Don		
CITY			482	Mark		
STATE			582	Daniel		
ZIP CODE			547	Ed		
			679T102	Junior		

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 1/8 8EUC</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
955-64 (19)	Squirrel (3)
997.5-1007.5 (21)	

TYPE OF TREATMENT

Acid spot + frac w/acid OIF

CHEMICALS

KALSUB Biocide - Breaker
Acid - inhibitor + Stim Oil

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAD	20	20				BREAKDOWN 1025
16-30		20	15-1.0	500#		START PRESSURE
12-20			1.0			END PRESSURE
12-20			2.0	3000#		BALL OFF PRESS
Bio balls (10) (5) + (5)			.5			ROCK SALT PRESS
12-20			1.0			ISIP 525
12-20				2,000#		5 MIN
Bio balls (5) (25)	20					10 MIN
12-20				2,500#		15 MIN
12-20						MIN RATE
FLUSH CASING	10	20				MAX RATE
Release balls to T.D.			TOTAL	2,000#		DISPLACEMENT 5.9
OVERFLUSH	10	20	SAND		1150	
TOTAL BBL'S	200					

REMARKS:

Spot 100 gal - 15% HCL acid on perfs

Blended 100 gal - RAW HCL acid OIF w/balls

Location 10:00 AM - 10:45 AM

50 miles

DATE 1-23-13

AUTHORIZATION [Signature]

TITLE _____

Terms and Conditions are printed on reverse side.