



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: _____



1120480

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> <i>(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	<u>cement for surface</u>	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 41168

LOCATION Eureka

FOREMAN Steve Mead

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
1-7-13	4950	Windgraves * 62-12				Woodson
CUSTOMER Pigua Petroleum			TRUCK #			
MAILING ADDRESS 1331 Xylan Rd			DRIVER			
CITY Pigua			TRUCK #			
STATE KS			DRIVER			
ZIP CODE						

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 1090' CASING SIZE & WEIGHT _____
 CASING DEPTH 1088' DRILL PIPE _____ TUBING 2 3/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING _____
 DISPLACEMENT 6.88 DISPLACEMENT PSI 500* Bump MIX PSI Plug 1000* RATE _____

REMARKS: Safety Meeting. Rig up to 2 3/8 tubing. Break circulation w/ 6 bbls Fresh water. Pump 300* Gel Flush + 5 bbls water spacer. Mix 1455sk 60/40 pozmix Cement by 5* Kalseal, 4% Gel + 1% CaCl2. Shut down wash out Pump + Lines. Stuff 2 plug. Displace w/ 6.88 bbls Fresh water. Final Pumping Pressure 500*. Bump Plug 1000*. Shut well in 800*. Good Cement Returns 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		
5406	40	MILEAGE	1030.00	1030.00
			4.00	160.00
1131	1455sk	60/40 pozmix Cement	12.55	1819.75
1110A	723*	Kalseal 5* per/sk	.46	333.50
1118B	498*	Gel 4%	.31	104.58
1102	143*	CaCl2 1%	.74	107.30
1118B	300*	Gel Flush	.31	63.00
5407	6.84	Ton mileage Bulkrucks	MIC	350.00
5502c	3hrs	80 bbl vacuum Truck	90.00	270.00
1127	3000 gallons	City water	16.50/1000	49.50
11402	2	2 3/8 Tap Rubber Plug	28.00	56.00
			SubTotal	4343.63
			SALES TAX 2.3%	184.95
			ESTIMATED TOTAL	4528.58

Revin 3737

AUTHORIZATION [Signature]

TITLE 255855

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 #: 15-207-28465-0000
Operator: Piqua Petro, Inc.	Lease: Wingrave
Address: 1331 Xylan Rd Piqua, KS 66761	Well #: 63-12
Phone: 620.433.0099	Spud Date: 1-3-13 Completed: 1-4-13
Contractor License: 32079	Location: NE-NW-SW-SW of 16-24-16E
T.D. : 1088 T.D. of Pipe: 1087	1020 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
6	Soil and Clay	0	6	2	Shale	993	995
179	Shale	6	185	9	Oil Sand/Shale	995	1004
28	Lime	185	213	37	Shale	1004	1041
3	Shale	213	216	8	Oil Sand	1041	1049
234	Lime	216	450	39	Shale	1049	1088
62	Shale	450	512				
79	Lime	512	591				
3	Shale	591	594				
4	Black Shale	594	598				
20	Lime	598	618				
6	Shale	618	624				
23	Lime	624	647				
162	Shale	647	809				
3	Lime	809	812				
23	Shale	812	835				
10	Lime	835	845				
60	Shale	845	905		T.D.		1088
3	Lime	905	908		T.D. of Pipe		1087
11	Shale	908	919				
9	Lime	919	928				
8	Shale	928	936				
4	Lime	936	940				
15	Shale	940	955				
5	Lime	955	960				
15	Shale	960	975				
3	Lime	975	978				
13	Shale	978	991				
2	Lime	991	993				

3RD well

TICKET NUMBER 54865
FIELD TICKET REF # 48176
LOCATION Thayer
FOREMAN Brett Purby

TREATMENT REPORT
FRAC & ACID

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-23-12		Wingrave 63-12	16	24S	16E	WO
CUSTOMER Piqua Petro. Inc						
MAILING ADDRESS						
CITY		STATE	ZIP CODE			

TRUCK #	DRIVER	TRUCK #	DRIVER
476	Josh	619791	George
490	Dwayne		
482	Mark		
582	Daniel		
547	Ed		
618795	Jay		

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 7/8 8EUC</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>997-1003</u>	<u>(13) Squirrels</u>
<u>1040.5-50.5</u>	<u>(21)</u>

TYPE OF TREATMENT

Acid spot + Frac w/acid OTF

CHEMICALS

RCLSUB: Biocide - Breaker
Acid-inhibitor - StimOil

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI
PAD	20	20			BREAKDOWN 1350
16-30		20	15-1.0	500#	START PRESSURE
12-20		20	1.0		END PRESSURE
12-20			2.0	2500#	BALL OFF PRESS
12-20			8-1.5		ROCK SALT PRESS
12-20			1.0		ISIP 650
12-20			1.5	500#	5 MIN
12-20			1.5		10 MIN
12-20			1.0		15 MIN
12-20	10	15	2.0	2500#	MIN RATE
FLUSH CASING					MAX RATE
Release balls to T.I.D.	20	20	TOTAL	6,000#	DISPLACEMENT 6.2
OVERFLUSH	10		SAND		
TOTAL BBL'S	170				

REMARKS:

Spotted 100 gal -15% HCL acid on perfs
blended 200 gal -raw HCL acid OTF w/ball drops

Location 12:15PM - 1:00PM 50 miles

AUTHORIZATION [Signature] TITLE _____ DATE 1-23-12