



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)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Leis Oil Services, LLC
 1410 150th Rd
 Yates Center, KS 66783

Invoice

Date	Invoice #
2/22/2013	1005

Bill To
Piqua Petro, Inc. 1331 Xylan Rd Piqua, KS 66761

P.O. No.	Terms	Project
eagle	Due on receipt	

Quantity	Description	Rate	Amount
1,378	Eagle 1-12	6.25	8,612.50
1	Drill pit	100.00	100.00
10	Cement for surface	12.60	126.00
1,377	Eagle 2-12	6.25	8,606.25
1	Drill pit	100.00	100.00
10	Cement for surface	12.60	126.00
1,368	Eagle 3-12	6.25	8,550.00
1	Drill pit	100.00	100.00
10	Cement for surface	12.60	126.00
1,377	Eagle 5-13	6.25	8,606.25
1	Drill Pit	100.00	100.00
10	Cement for surface	12.60	126.00
1,377	Eagle 6-13	6.25	8,606.25
1	Drill pit	100.00	100.00
10	Cement for surface	12.60	126.00
1,342	Eagle 7-13	6.25	8,387.50
1	Drill pit	100.00	100.00
10	cement for surface	12.60	126.00
		Total	\$52,724.75



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 41264
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
1-31-13	4950	Eagle # 1-12				Woodson
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Pigua Petroleum			485	Alan M		
MAILING ADDRESS			667	Chris B		
1371 xylan Rd.			611	Joey		
CITY	STATE	ZIP CODE	637	Allen B		
Pigua	Ks	66761				

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 1378' CASING SIZE & WEIGHT _____
CASING DEPTH 1372' DRILL PIPE _____ TUBING 2 3/8 OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 7.95 bbls DISPLACEMENT PSI 500* MIX-PSI Bump Plug 1200* RATE _____

REMARKS: Safety Meeting. Rig up to 2 3/8 tubing. Break circulation w/ 5 bbls Fresh Water. Pump 500* Gel Flush + 5 bbls water spacer. Mix 100 sks 60/40 poz mix cement w/ 6% Gel. 1* Phenoseal pack Tail in with 60 sks OWC cement w/ 5* Kal Seal + 1* phenoseal. Bore Shutdown. Wash out pump & lines. Drop 2 plugs. Displace with 7.95 bbls Freshwater. Final pumping pressure 400* Bump Plug 1800*. Shut well in with 200* Good cement returns to surface. 6 bbl - 50 ft.
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	80	MILEAGE	4.00	80.00
1131	100 sks	60/40 Poz mix cement	12.55	1255.00
1118B	500*	Gel 6%	.21	105.00
1107A	100*	Phenoseal 1* pack/sk	1.29	129.00
1126	60 sks	OWC cement	18.80	940.00
1110A	300*	Kal-seal 5* pack/sk	.46	138.00
1107A	60*	Phenoseal 1* pack/sk	1.29	77.40
1118B	500*	Gel Flush	.21	105.00
5402	7.42	Tanmikeye Bulk Truck	mic	950.00
5502c	3 hrs	80 bbl Vacuum Truck	90.00	270.00
1123	3000 gallons	CITY WATER	16.50/m.00	49.50
4402	2	2 3/8 Tap Rubber Plugs	28.00	56.00
			Sub Total	4584.90
			SALES TAX	208.43
			ESTIMATED TOTAL	4793.33

Ravin 3737

256430

2380

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.



LEIS OIL SERVICES

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



Operator License #: 20245	API #: 15-207-28443-00-00
Operator: Pioneer Petro Inc.	Lease: Eagle
Address: 1331 William Rd. Piquette KS 66781	Well #: 1-12
Phone: (620) 433-0299	Spud Date: 1-25-14 Completed: 1-25-14
Contractor License: 21079	Location: SW NE 1/4 of 31-25-14 E
T.D.: 1328 T.D. of Pipe: 1322 Size:	1820 Feet From North
Surface Pipe Size: 7" Depth: 41'	2380 Feet From East
Kind of Well:	County: WYO

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
24	oil/clay/lim	0	24		lime	990	1001
52	sand	24	76		shale	1001	1079
42	shale	76	118		lime	1079	1087
2	li. sh	118	120		shale	1087	1088
178	shale	120	338		lime	1088	1088
5	lime	338	343		shale	1088	1104
5	shale	343	348		lime	1104	1107
102	lime	348	450		shale	1107	1128
7	shale	450	457		lime	1128	1134
70	lime	457	527		shale	1134	1136
13	shale	527	550		lime	1136	1147
58	lime	550	608		bl shale	1147	1151
34	shale	608	642		shale	1151	1155
7	lime	642	649		lime	1155	1161
16	shale	649	665		bl shale	1161	
4	lime	665	669				
7	shale	669	676				
67	lime	676	743				
5	shale	743	748				
3	black shale	748	751				
30	lime	751	781				
2	bl shale	781	783				
39	lime	783	822				
138	shale	822	960				
2	lime	960	962				
38	shale	962	990				

Drilling Remarks: 1203 CFS to clean hole for day, bleed mud in middle section (1185') 1322-1328 dark shale 1327-28 could lose more feet 1328-29 sand/broken oil 402 1332-33