



KANSAS CORPORATION COMMISSION 1125541
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 Date Reached TD Completion Date or
Recompletion Date 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: _____



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

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



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 41200

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
1-24-13	4950	Eagle #2-12				Woodson
CUSTOMER Pigua Petroleum			TRUCK #			
MAILING ADDRESS 1331 Xylan Rd			DRIVER			
CITY Pigua	STATE KS	ZIP CODE 66761	485	Alan m		
			479	Chris m		
			667	Chris B		
			637	Dave		

JOB TYPE Logstring HOLE SIZE 5 3/8 HOLE DEPTH 1378' CASING SIZE & WEIGHT _____
 CASING DEPTH 1372 DRILL PIPE _____ TUBING 2 7/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 2.94 bbls DISPLACEMENT PSI 700* ^{3 pump} MIX PSI plug 1200* RATE _____

REMARKS: Safety Meeting: Rig up to 2 3/8 Tubing. Break Circulation w/ Fresh water. Pump 500# Gel Flush & 5bbl water spacer. Mix 100 sks 60/40 pozmix cement w/ 6% Gel, 1# Phenaseal per/sk Tail in with 60 sks OWC cement w/ 5# Kal-seal, 1# Phenaseal per/sk. Shut down wash out pump & lines. STUFF 2 plugs. Displace with 2.94 bbls Freshwater. Final pumping pressure 700#. 2 pump plug 1200#. Shut well in 700#. Good cement returns to surface 6 bbls 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	20	MILEAGE	4.00	80.00
1131	100 sks	60/40 Poz mix Cement	12.55	1255.00
1118B	500 #	Gel 6% } Lead	.21	105.00
1167A	100 #	Phenaseal 1# per/sk } Lead	1.29	129.00
1126	60 sks	OWC cement } Tail	18.80	1128.00
110A	200 #	Kal-Seal 5# per/sk } Tail	.46	138.00
1107A	60 #	Phenaseal 1# per/sk } Tail	1.29	77.40
1118B	500 #	Gel Flush	.21	105.00
5407	6.9	200 mileage Bulk Truck	m/c	350.00
5502c	3 hrs	80 bbl vacuum Truck	90.00	270.00
1123	3000 gallons	City water	16.50/1000	49.50
4402	2	2 3/8 Top Rubber Plugs	28.00	56.00
		Subtotal		4772.90
		SALES TAX 2.3%		109.14
		ESTIMATED TOTAL		4882.04

Revin 3737

AUTHORIZATION

[Signature]

TITLE

256233

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 #: 30345	API #: 15-202-20941000 00
Operator: Piqua Paving Inc.	Lease: Eagle
Address: 1331 44th St Yates Center KS 66784	Well #: 2-17
Phone: 620 433 0099	Spud Date: 11-15 Completed: 1-24-14
Contractor License: 312079	Location: 44th St SW NE of 31-25-14E
T.D.: 1472 T.D. of Pipe: 1322 Size: 2 7/8	1420 Feet From 12-11
Surface Pipe Size: 7" Depth: 41	2420 Feet From 6-24-1
Kind of Well: Oil	County: WJ

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
28	Silt/clay	0	28	8	Lime	993	1001
51	Sand	28	79	78	Shale	1001	1079
79	Shale	79	158	2	Lime	1079	1081
3	Lime	158	161	9	Shale	1281	1290
175	Shale	161	336	9	Lime	1090	1099
6	Lime	336	342	6	Shale	1099	1105
6	Shale	342	348	3	Lime	1105	1108
106	Lime	348	450	21	Shale	1108	1129
9	Shale	450	459	19	Lime	1129	1148
67	Lime	459	526	3	Bl. Shale	1148	1151
23	Shale	526	549	5	Shale	1151	1156
58	Lime	549	607	5	Lime	1156	1161
35	Shale	607	641	4	Bl. Shale	1161	1165
8	Lime	641	650	1163	Shale	1165	1328
15	Shale	650	665	10	Oil sand	1328	1338
4	Lime	665	669	44	Shale	1338	1372
6	Shale	669	675				
68	Lime	675	743				
5	Bl. Shale	743	748				
4	Bl. Shale	748	752				
29	Lime	752	781				
2	Bl. Shale	781	783				
39	Lime	783	822				
136	Shale	822	958				
7	Lime	958	965				
28	Shale	965	993				

Drilling Remarks: 1318-1323 grey shale/high sand 1318-1323 dark shale, 23-28
 good sand/low oil 1323-1333 good oil sand/bleed/odor 1333-1338 oil sand w/
 some white sand 1338-1343 shale/mudstone SN @ 1324