



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1125578

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:

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> New Well | <input type="checkbox"/> Re-Entry | <input type="checkbox"/> Workover |
| <input type="checkbox"/> Oil | <input type="checkbox"/> WSW | <input type="checkbox"/> SWD |
| <input type="checkbox"/> Gas | <input type="checkbox"/> D&A | <input type="checkbox"/> ENHR |
| <input type="checkbox"/> OG | <input type="checkbox"/> GSW | <input type="checkbox"/> Temp. Abd. |
| <input type="checkbox"/> CM (Coal Bed Methane) | | |
| <input type="checkbox"/> Cathodic | <input type="checkbox"/> Other (Core, Expl., etc.): _____ | |

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- | | | | |
|---|-----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Deepening | <input type="checkbox"/> Re-perf. | <input type="checkbox"/> Conv. to ENHR | <input type="checkbox"/> Conv. to SWD |
| | | <input type="checkbox"/> Conv. to GSW | |
| <input type="checkbox"/> Plug Back: _____ | Plug Back Total Depth | | |
| <input type="checkbox"/> Commingled | Permit #: _____ | | |
| <input type="checkbox"/> Dual Completion | Permit #: _____ | | |
| <input type="checkbox"/> SWD | Permit #: _____ | | |
| <input type="checkbox"/> ENHR | Permit #: _____ | | |
| <input type="checkbox"/> 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: _____

1125578

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: _____ _____
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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



LEIS OIL SERVICES

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

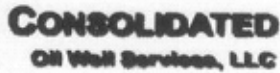


Operator License #: 30345	API #: 15-207-28521-00-00
Operator: Piqua Petroleum	Lease: Engh
Address: 1331 Kylan Rd Piqua, KS 66361	Well #: 7-13
Phone: 620 433-0044	Spud Date: 2/11/13 Completed: 2/13/13
Contractor License: 62034	Location: NW 1/4 SW 1/4 Sec 13
T.D.: 1347 T.D. of Pipe: NA Size: NA	2046 Feet From North
Surface Pipe Size: 2" Depth: 40'	2420 Feet From East
Kind of Well: Dry hole	County: Wb

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
24	Sand/clay	0	24	6	Shale	1093	1099
31	Sand	24	55	3	Lime	1099	1102
93	Shale	55	149	20	Shale	1102	1122
2	Lime	149	151		Lime	1122	1143
180	Shale	151	331		Shale Bl.	1143	1145
5	Lime	331	336		Shale	1145	1150
6	Shale	336	342		Lime	1150	1155
100	Lime	342	442		Shale Bl.	1155	1159
8	Shale	442	450		Shale	1159	1342
70	Lime	450	520				
20	Shale	520	546				
58	Lime	546	604				
69	Shale	604	673				
67	Lime	673	743				
5	Shale	743	745				
30	Lime	745	775				
2	Shale	775	777				
31	Lime	777	810				
136	Shale	810	952				
9	Lime	952	957				
30	Shale	957	987				
7	Lime	987	994				
78	Shale	994	1072				
3	Lime	1072	1075				
9	Shale	1075	1084				
4	Lime	1084	1088				

Drilling Remarks: 50' sandy shale / 1322-1332 sand/water/gas



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

ENTERED

TICKET NUMBER 41304

LOCATION Eureka

FOREMAN Stevenson

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-13-13	4950	Eagle 7-13				Woodson
CUSTOMER						
Pigua Petroleum						
MAILING ADDRESS						
1331 xylan Rd.						
CITY	STATE	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
Pigua	Ks	66761	485	Alan m		
			479	Chris B		

JOB TYPE <u>PIA</u>	HOLE SIZE <u>5 1/2</u>	HOLE DEPTH _____	CASING SIZE & WEIGHT _____
CASING DEPTH _____	DRILL PIPE <u>2 3/4</u>	TUBING _____	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING _____
DISPLACEMENT _____	DISPLACEMENT PSI _____	MIX PSI _____	RATE _____

REMARKS: Safety Meeting. Plus well as Follow

50' 105KJ AT 1320'

50' 105kS AT 675'

50 SK2 250' TO surface

70 sks 60/40 pozmix cement 4% (w)

Job Complete Rig down

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405 N	1	PUMP CHARGE	1030.00	1030.00
5406	20	MILEAGE	4.00	80.00
1131	70 SK	60/40 Poz mix Cement	12.55	878.50
1118 B	240*	4% Gr	.21	50.40
5407	3.0	Tan mileage Bulk Truck	mic	350.00
			Sub Total	2388.90
			SALES TAX	67.81
			ESTIMATED TOTAL	2456.71

7.3%

Order total

Revin 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.