



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

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: _____



1129976

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

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
		Hmd E 11,19,20-12

Date	Description	Hours	Rate	Amount
12-17-12	drill pit	100.00	1.00	100.00
12-17-12	cement for surface	10.00	12.60	126.00
12-18-12	Drilling for Hammond E 11-12	1,103.00	6.25	6,893.75
12-20-12	drill pit	100.00	1.00	100.00
12-21-12	cement for surface	10.00	12.60	126.00
12-28-12	Drilling for Hammond E 19-12	1,107.00	6.25	6,918.75
12-28-12	drill pit	100.00	1.00	100.00
12-28-12	cement for surface	10.00	12.60	126.00
1-3-12	Drilling for Hammond E 20-12	1,107.00	6.25	6,918.75
1-8-12	mud pump charge for washing out old well	25.00	40.00	1,000.00
Total				\$22,409.25

0 - 30 days	31 - 60 days	61 - 90 days	> 90 days	Total
\$22,409.25	\$0.00	\$0.00	\$0.00	\$22,409.25



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 38400
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
12-29-12	4950	Hammond #20-12				Woodson
CUSTOMER			TRUCK #			
Pigua Petroleum			DRIVER			
MAILING ADDRESS			TRUCK #			
1331 Xylan Rd.			DRIVER			
CITY						
Pigua						
STATE						
KS						
ZIP CODE						

JOB TYPE Long string HOLE SIZE 5 3/4 HOLE DEPTH 1108' CASING SIZE & WEIGHT _____
 CASING DEPTH 1104' DRILL PIPE _____ TUBING 2 3/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING _____
 DISPLACEMENT 6.39 bbls DISPLACEMENT PSI 500* ^{sump} MIX PSI plg 1000* RATE _____

REMARKS: Safety Meeting: Rig up to 2 3/8 Tubing. Break Circulation with 7 bbls Fresh Water. Pump 300# Gel Flush + 5 bbl water spacer. Mix 145 sks 60/40 per mix cement w/ 5# Kel Seal, 4% Gel + 1# phenoseal per/sk. Shut down. Wash out pump + lines. Stuff 2 plays. Dis place w/ 6.39 bbls Freshwater. Final pumpdown Pressure 500#. Sump plg 1000#. Shut well in 800#. Good cement returned to surface. 6 bbls in pit. Sub 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 per mix cement	12.65	1819.75
1110A	725*	Kel Seal 5# per/sk	.46	333.50
1118B	498*	Gel 4%	.21	104.58
1107A	145*	Phenoseal 1# per/sk	1.29	187.05
5407	6.24 ton	700 mileage Bulk Truck	m/c	350.00
4402	2	2 3/8 Tap Rubber Plugs	28.00	56.00
1118B	300*	Gel Flush	.21	63.00
			SubTotal	4103.88
			SALES TAX 7.3%	187.16
			ESTIMATED TOTAL	4291.04

Ravin 3737

AUTHORIZATION [Signature] TITLE 255650 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 #: 15-207-28484-00-00
Operator: Piqua Petro Inc.	Lease: Hammond E
Address: 1331 Xylan Rd Piqua, KS 66761	Well #: 20-12
Phone: (620) 433-0099	Spud Date: 12-21-12 Completed: 12-28-12
Contractor License: 32079	Location: SE-SW-NE-NE of 8-24S-16E
T.D.: 1108 T.D. of Pipe: 1104	1160 Feet From North
Surface Pipe Size: 7" Depth: 41'	830 Feet From East
Kind of Well: Oil	County: Woodson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
6	Soil/Clay	0	6	11	Shale	997	1008
4	Lime	6	10	5	Broken Sand/oil	1008	1013
11	Shale	10	21	12	Oil Sand	1013	1025
7	Lime	21	28	38	Shale	1025	1063
182	Shale	28	210	12	Oil Sand/lt bleed	1063	1075
55	Lime	210	265	33	Shale	1075	1108
19	Shale	265	284				
126	Lime	284	410				
9	Shale	410	419				
21	Lime	419	440				
6	Shale	440	446				
54	Lime	446	500				
38	Shale	500	538				
71	Lime	538	609				
6	Shale	609	615				
3	Black Shale	615	618				
50	Lime	618	668				
185	Shale	668	853				
10	Lime	853	863				
60	Shale	863	923				
3	Lime	923	926				
5	Shale	926	931				
12	Lime	931	943		T. D.		1108
11	Shale	943	954		T. D. of pipe		1104
4	Lime	954	958				
15	Shale	958	973				
8	Lime	973	981				
11	Shale	981	992				
5	Lime	992	997				