



KANSAS CORPORATION COMMISSION 1157072
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 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: _____



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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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LEIS OIL SERVICES

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



Operator License #: 30345		API #: 15-207-28485-00-00	
Operator: Piqua Petro Inc.		Lease: Hammond E	
Address: 1331 Xylan Rd Piqua, KS 66761		Well #: 21-12	
Phone: (620) 433-0099		Spud Date: 07/31/13 Completed: 08/01/13	
Contractor License: 32079		Location: NE-NW-SE-NE of 8-24S-16E	
T.D. : 1121	T.D. of Pipe: 1115	1490	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
15	Soil/Clay	0	15	3	Black Shale	998	1001
16	Lime	15	31	7	Shale/Lime strks	1001	1008
178	Shale	31	209	16	Oil Sand	1008	1024
55	Lime	209	264	27	Shale	1024	1051
17	Shale	264	281	1	Lime	1051	1052
117	Lime	281	398	3	Shale	1052	1055
19	Shale	398	417	2	Lime	1055	1057
67	Lime Sandy	417	484	6	Oil Sand	1057	1063
53	Shale	484	537	58	Sandy Shale	1063	1121
72	Lime	537	609				
5	Shale/Black Shale	609	614				
23	Lime	614	637				
5	Shale/Black Shale	637	642				
25	Lime	642	667				
160	Shale	667	827				
4	Lime	827	831				
22	Shale	831	853				
10	Lime	853	863				
59	Shale	863	922				
3	Lime	922	925				
10	Shale	925	935		T.D.		1121
10	Lime	935	945		T.D. of pipe		1115
8	Shale	945	953				
3	Lime	953	956				
14	Shale	956	970				
9	Lime	970	979				
10	Shale	979	989				
5	Lime	989	994				
4	Shale	994	998				



Leis Oil Services, LLC

1410 150th Rd
Yates Center, KS 66783

Invoice

Date	Invoice #
8/9/2013	1012

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

P.O. No.	Terms	Project
	Due on receipt	

Quantity	Description	Rate	Amount
1	Drill Pit	100.00	100.00
10	Cement for Surface	11.60	116.00
1,103	Hammond E 41-13	6.25	6,893.75
1	Drill Pit	100.00	100.00
10	Cement for Surface	11.60	116.00
1,103	Hammond E 42-13	6.25	6,893.75
1	Drill Pit	100.00	100.00
10	Cement for surface	11.60	116.00
1,098	Hammond E 43-13	6.25	6,862.50
1	Drill Pit	100.00	100.00
10	Cement for surface	11.60	116.00
1,103	Hammond E 44-13 <i>40-13</i>	6.25	6,893.75
1	Drill Pit <i>42</i>	100.00	100.00
10	Cement for surface	11.60	116.00
1,121	Hammond E 21-12	6.25	7,006.25
		Total	\$35,630.00

JEP
PD
8/14/13
4361



CONSOLIDATED
Oil Well Services, LLC

INTERED

TICKET NUMBER 43350
LOCATION Eureka
FOREMAN Steve Mead

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

FIELD TICKET & TREATMENT REPORT

CEMENT APT 15-207-28485

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-15-13	4950	Hammond 21-12				Woodson
CUSTOMER <u>Pigna Petroleum</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>1331 Xylan Rd</u>			<u>485</u>	<u>Allan B</u>		
CITY <u>Pigna</u>	STATE <u>KS</u>	ZIP CODE <u>66761</u>	<u>479</u>	<u>Jim</u>		

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 1120' CASING SIZE & WEIGHT _____
 CASING DEPTH 1115' DRILL PIPE _____ TUBING 2 3/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING _____
 DISPLACEMENT 6.5 bbls DISPLACEMENT PSI 450* MIX PSI Bump Plug 1000* RATE _____

REMARKS: Safety Meeting. Rig up to 2 3/8 Tubing. Break circulation w/ cobbles Fresh water. Pump 400* Gel Flush + 10 bbls Fresh water. Mix 145 sks 60/40 permix cement w/ 5% Kol Seal, 4% Gel + 1% Caclz. Shut down wash out pump lines. Stuff plug. Displace w/ 6.5 bbls Fresh water. Final pumping pressure 450*. Bump Plug 1000*. Shut well in by 400*. Good cement returns to surface 6 bbls pit. Job complete Rig down

Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00 ✓
5406		MILEAGE <u>N/C 2 1/2 hr</u>	-	- ✓
1131	<u>145 sks</u>	<u>60/40 Permox Cement</u>	<u>13.18</u>	<u>1911.10</u> ✓
1110A	<u>700*</u>	<u>Kol Seal 5% per/sk</u>	<u>.46</u>	<u>322.00</u> ✓
1118B	<u>420*</u>	<u>Gel 4%</u>	<u>.22</u>	<u>103.40</u> ✓
1142	<u>120*</u>	<u>Caclz 1%</u>	<u>.78</u>	<u>93.60</u> ✓
1118B	<u>400*</u>	<u>Gel Flush</u>	<u>.22</u>	<u>88.00</u> ✓
5407	<u>6.02 hr</u>	<u>Ton Mileage Bulk Truck</u>	<u>mic</u>	<u>368.00</u> ✓
4402	<u>2</u>	<u>2 3/8 Tap Rubber Plug</u>	<u>29.50</u>	<u>59.00</u> ✓
			SubTotal	<u>4930.60</u>
			SALES TAX <u>2.15%</u>	<u>184.25</u>
			ESTIMATED TOTAL	<u>4214.35</u> ✓

Rev'n 3737

AUTHORIZATION Mate 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 fo