



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: _____



1157074

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 #: 15-207-28616-00-00	
Operator: Piqua Petro Inc.		Lease: Hammond E	
Address: 1331 Xylan Rd Piqua, KS 66761		Well #: 4-13-40 40-13	
Phone: (620) 433-0099		Spud Date: 07/26/13 Completed: 07/29/13	
Contractor License: 32079		Location: SE-SE-SW-NE of 8-24S-16E	
T.D. : 1103	T.D. of Pipe: 1098	2470	Feet From North
Surface Pipe Size: 7"	Depth: 41'	1490	Feet From East
Kind of Well: Oil		County: Woodson	

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
4	Soil/Clay	0	4	1	Lime	1038	1039
12	Sand/Gravel	4	16	2	Shale	1039	1041
171	Shale	16	187	1	Lime	1041	1042
47	Lime	187	234	15	Oil Sand	1042	1057
25	Shale	234	259	46	Shale	1057	1103
115	Lime	259	374				
15	Shale	374	389				
73	Lime	389	462				
66	Shale	462	528				
66	Lime	528	594				
8	Shale/Black Shale	594	602				
20	Lime	602	622				
5	Shale/Black Shale	622	627				
26	Lime	627	653				
158	Shale	653	811				
4	Lime	811	815				
23	Shale	815	838				
10	Lime	838	848				
59	Shale	848	907				
18	Lime	907	925				
16	Shale	925	941		T.D.		1103
3	Lime	941	944		T.D. of pipe		1098
10	Shale	944	954				
7	Lime	954	961				
13	Shale	961	974				
5	Lime	974	979				
12	Shale	979	991				
14	Oil Sand	991	1005				
33	Sandy Shale	1005	1038				



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 40-13	6.25	6,893.75
1	Drill Pit	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

Handwritten notes:
 JAD
 PD
 8/14/13
 # 4361



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 43334
LOCATION Eureka KS
FOREMAN Shannon Feck

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
7-31-13	4950	Hammond #4-13				W0
CUSTOMER Piqua Petroleum			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1331 xylan Rd			485	Alan M		
CITY Piqua			515	merle R		
STATE KS		ZIP CODE 66761				

JOB TYPE 4/5 HOLE SIZE 5 1/8 HOLE DEPTH 1093' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 3/8" OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 6.3 Bbl DISPLACEMENT PSI 600 MIX PSI 1000 bump plug RATE _____

REMARKS: Rig up to 2 3/8" Tubing, Break circulation w/ 5 Bbl H2O, mixed 300# gel flush, 5 Bbl H2O spacer, mixed 145 SKS 60/40 pozmix cement, w/ 4% gel, 5# Kol-Seal/sk & 1% calcium. shot down wash out pump & lines, stuff two plugs & displace w/ 6.3 Bbl H2O. Final pumping pressure of 500psi, bumped plugs @ 1000psi. Release pressure to 500psi & shut well in. Good circulation @ all times, 6 Bbl Slurry to pit. Job complete.

"Thanks Shannon & crew"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	40	MILEAGE	4.20	168.00
1131	145 SKS	60/40 pozmix cement	13.18	1911.10
1110A	725#	Kol-seal @ 5#/sk	.46	333.50
1118B	500#	Gel @ 4%	.22	110.00
1102	125#	Calcium @ 1%	.78	97.50
1118B	300#	Gel Flush	.22	66.00
5407	624 Tons	Ton mileage bulk Truck	m/c	368.00
4402	2	2 3/8" Rubber plugs	29.50	59.00
			Sub Total	4198.10
			7.15% SALES TAX	184.27
			ESTIMATED TOTAL	4382.37

Revin 3737

2610916

AUTHORIZATION Pump m/w 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.