



KANSAS CORPORATION COMMISSION 1157077
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
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------

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
-----------------------------------	-----------	---------	-------------	---------------	---------

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: _____ _____
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------



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	6.25	6,893.75
1	Drill Pit 40	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:
 JPD
 PD
 8/14/13
 # 4361



LEIS OIL SERVICES

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



Operator License #: 30345		API #: 15-207-28613-00-00	
Operator: Piqua Petro Inc.		Lease: Hammond E	
Address: 1331 Xylan Rd Piqua, KS 66761		Well #: 41-13	
Phone: (620) 433-0099		Spud Date: 07/17/13 Completed: 07/18/13	
Contractor License: 32079		Location: NE-NE-NW-SE of 8-24S-16E	
T.D. : 1103	T.D. of Pipe: 1096	2800	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
10	Soil/Clay	0	10	14	Shale	974	988
15	Sand/Gravel	9	26	14	Oil Sand	988	1002
154	Shale	26	180	32	Shale	1002	1034
46	Lime	180	226	1	Lime	1034	1035
29	Shale	226	255	11	Oil Sand	1035	1046
201	Lime	255	456	57	Shale	1046	1103
9	Shale	456	465				
4	Lime	465	469				
4	Shale	469	473				
2	Lime	473	475				
39	Shale	475	514				
77	Lime	514	591				
5	Shale/Black Shale	591	596				
21	Lime	596	617				
5	Shale/Black Shale	617	622				
25	Lime	622	647				
161	Shale	647	808				
2	Lime	808	810				
23	Shale	810	833				
8	Lime	833	841				
67	Shale	841	908		T.D.		1103
3	Lime	908	911		T.D. of pipe		1096
3	Shale	911	914				
8	Lime	914	922				
12	Shale	922	934				
3	Lime	934	937				
3	Black Shale	937	940				
29	Shale	940	969				
5	Lime	969	974				



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 43316
LOCATION Eureka
FOREMAN Rick Ledford

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
7-19-13	4950	Hammend E # 41-13				Woodson
CUSTOMER Pryor Petroleum			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1331 Xylan Rd			520	John		
CITY Pryor			667	Chris B.		
STATE KS			452/7103	Jim		
ZIP CODE 66761						

JOB TYPE L/S 0 HOLE SIZE 5 7/8" HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH 1093' DRILL PIPE _____ TUBING 2 7/8" OTHER _____
 SLURRY WEIGHT 13.6" SLURRY VOL 41 bbl WATER gal/sk 8.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 6.3 bbl DISPLACEMENT PSI 600 MAX PSI 600 shut in RATE _____

REMARKS: Safety meeting. Rig up to 2 7/8" tubing. Break circulation w/ 5 bbl fresh water. Pump 300# gel-flush, 5 bbl water spacer. Mixed 145 sacks 60/40 Permox cement w/ 5# Ret-sol/br, 40% gel + 1% cacl @ 13.6"/gal. Shut down, washout pump + lines, stuff 2 plugs. Displace w/ 6.3 bbl fresh water. Final pump pressure 600 psi. Pump plugs to 1100 PSI. Shut well in @ 600 PSI. Good cement returns to surface = 6 bbl slurry to pipe. 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	40	MILEAGE	4.20	168.00
1131	145 sacks	60/40 Permox cement	13.18	1911.10
1110A	725#	5# Ret-sol/br	.46	333.50
1118B	500#	40% gel	.22	110.00
1102	125#	1% cacl	.78	97.50
1119B	300#	gel-flush	.22	66.00
5407	6.24	con mileage bulk truck	m/c	368.00
5501C	3 hrs	water transport	120.00	360.00
1123	4000 gals	city water	17.30/1000	69.20
4402	2	2 7/8" top water plugs	29.50	59.00
			subtotal	4627.30
			SALES TAX	189.20
			ESTIMATED TOTAL	4816.50

Revin 3737

AUTHORIZATION [Signature]

TITLE 060193

DATE 7.15.13

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 for