



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: _____



1157081

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> <i>(Submit ACO-4)</i> <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 #
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:
 JLD
 PD
 8/14/13
 # 4361



LEIS OIL SERVICES

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



Operator License #: 30345		API #: 15-207-28614-00-00	
Operator: Piqua Petro Inc.		Lease: Hammond E	
Address: 1331 Xylan Rd Piqua, KS 66761		Well #: 42-13	
Phone: (620) 433-0099		Spud Date: 07/19/13 Completed: 07/22/13	
Contractor License: 32079		Location: SE-NE-NW-SE of 8-24S-16E	
T.D. : 1103	T.D. of Pipe: 1098	3130	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	35	Shale	995	1030
12	Sand/Gravel	10	22	1	Lime	1030	1031
150	Shale	22	172	3	Shale	1031	1034
49	Lime	172	221	13	Oil Sand	1034	1047
24	Shale	221	245	56	Shale	1047	1103
146	Lime	245	391				
11	Shale	391	402				
49	Lime	402	451				
59	Shale	451	510				
74	Lime	510	584				
6	Shale/Black Shale	584	590				
21	Lime	590	611				
6	Shale/Black Shale	611	617				
25	Lime	617	642				
160	Shale	642	802				
3	Lime	802	805				
24	Shale	805	829				
10	Lime	829	839				
60	Shale	839	899				
2	Lime	899	901				
11	Shale	901	912		T.D.		1103
8	Lime	912	920		T.D. of pipe		1098
11	Shale	920	931				
3	Lime	931	934				
3	Black Shale	934	937				
29	Shale	937	966				
4	Lime	966	970				
14	Shale	970	984				
11	Oil Sand	984	995				



CONSOLIDATED
Oil Well Services, LLC



TICKET NUMBER 43280
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
7-23-17	4950	Hammond #4213				Woodson
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			520	John		
CITY			535	Marie		
STATE			452/T103	Allen B		
ZIP CODE						
Piqua						
KS						
66761						

JOB TYPE W/S HOLE SIZE 5 7/8 HOLE DEPTH 1103' CASING SIZE & WEIGHT _____
 CASING DEPTH 1098' DRILL PIPE _____ TUBING 2 7/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 6.35 bbls DISPLACEMENT PSI 500* Pump mix plug 1000* RATE _____

REMARKS: Safety Meeting. Rig up to 2 7/8 tubing Break circulation with Fresh water. Pump 300* Gel flush + 5 bbl water spacer. Mix 145 sks 60/40 per mix cement by 5* Kal-Seal, 4% Gel + 1% Caclz. Shut down wash out pump + lines stuff 2 plugs. Displace with 6.35 bbls Fresh water. Final pumping pressure 500* Pump plug 1000*. Shut well in 500*. Good Cement Returns to surface 6 bbl to pit. Job Complete Rig down

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 per mix Cement	13.18	1911.10
1110A	785 #	5* Kal-Seal	.46	333.50
1115B	500 #	4% Gel	1.22	110.00
1102	185 #	1% Caclz	.78	97.56
1118B	300 #	Gel Flush	.22	66.00
5407	6.24	Ton Mileage Bulk Truck	MIL	368.00
5502C	3 1/2 hr	80 bbl Vacuum Truck	90.00	315.00
1123	5300 gallon	CITY WATER	17.30	57.99
4402	2	2 7/8 Rubber plug	29.50	59.00
			SubTotal	4570.19
			SALES TAX 7.15%	188.35
			ESTIMATED TOTAL	4758.54

Revin 3737

AUTHORIZATION [Signature]

TITLE 260916

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