



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: _____



1157083

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 #: 15-207-28615-00-00	
Operator: Piqua Petro Inc.		Lease: Hammond E	
Address: 1331 Xylan Rd Piqua, KS 66761		Well #: 43-13	
Phone: (620) 433-0099		Spud Date: 07/23/13 Completed: 07/25/13	
Contractor License: 32079		Location: NE-SE-NW-SE of 8-24S-16E	
T.D. : 1098	T.D. of Pipe: 1091	3460	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
8	Soil/Clay	0	8	3	Shale	976	979
8	Sand/Gravel	8	16	4	Broken Oil Sand	979	983
155	Shale	16	171	8	Oil Sand	983	991
47	Lime	171	218	2	Broken Oil Sand	991	993
17	Shale	218	235	34	Sandy Shale	993	1027
147	Lime	235	382	1	Lime	1027	1028
19	Shale	382	401	13	Oil Sand	1028	1041
46	Lime	401	447	57	Sandy Shale	1041	1098
61	Shale	447	508				
74	Lime	508	582				
5	Shale/Black Shale	582	587				
22	Lime	587	609				
5	Shale/Black Shale	609	614				
25	Lime	614	639				
159	Shale	639	798				
3	Lime	798	801				
22	Shale	801	823				
11	Lime	823	834				
59	Shale	834	893				
3	Lime	893	896				
11	Shale	896	907		T.D.		1098
21	Lime	907	928		T.D. of pipe		1091
3	Black Shale	928	931				
32	Shale	931	963				
3	Lime	963	966				
4	Shale	966	970				
3	Black Shale	970	973				
2	Shale	973	975				
1	Lime	975	976				



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	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



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 43343

LOCATION Eureka

FOREMAN Steve Neal

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
7-26-13	4950	Hammond 43-13				Woodson
CUSTOMER <u>Pigna Petroleum</u>			TRUCK #			
MAILING ADDRESS <u>1331 Xylan Rd.</u>			DRIVER			
CITY <u>Pigna</u>			TRUCK #			
STATE <u>KS</u>			DRIVER			
ZIP CODE <u>66761</u>			TRUCK #			
			DRIVER			

JOB TYPE <u>45</u> <u>0</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH	CASING SIZE & WEIGHT
CASING DEPTH	DRILL PIPE	TUBING <u>1091' 2 3/8</u>	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING
DISPLACEMENT <u>6.3 bbls</u>	DISPLACEMENT PSI <u>500*</u>	<u>Bump plug 1000*</u>	RATE

REMARKS: Soft Meeting. Rig up to 2 3/8 Tubing. Break circulation w/ Fresh water. Pump 300* Gel Flush + 5 bbl water spacer. Mix 145 sks 60/40 Pozmix Cement w/ 5* Kel-Seal, 4% Gel + 1% Cacl₂. Shut down. Wash out pump & lines. Stuff 2 plugs. Displace w/ 6.3 bbls Freshwater. Final pumping Pressure 500* Bump plug to 1000*. Shut well in 500*. Gravel Cement Returns to surface. 6 bbls to PIT Job Complete Rig down

Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	40	MILEAGE	1085.00	1085.00
			4.20	168.00
1131	145 SKS	60/40 Pozmix Cement	13.18	1911.10
1110A	725 #	Kel-Seal 5* per sk	.46	333.50
1118B	500*	Gel 4%0	-.22	110.00
1102	125 #	1% Cacl ₂	.78	97.50
1118B	300*	Gel Flush	-.22	66.00
5407	6.24	Tan Mileage Bulk Truck	MIL	368.00
55025	3 1/2 hr	8 bbl Vacuum Truck	90.00	315.00
1123	3300 gallons	CITY WATER	17.39/1000	57.09
4402	2	2 3/8 Tap Rubber Plug	29.50	59.00
		SubTotal		4570.19
		SALES TAX		188.35
		ESTIMATED TOTAL		4758.54

Ravin 3737

261015

AUTHORIZATION [Signature]

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.