



**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: \_\_\_\_\_



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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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# RIG 6 DRILLING CO. INC

P O BOX # 227  
IOLA, KS 66749

R.K. (Bud) Sifers  
(620) 365-6294

John J. Barker  
(620) 365-7806

COMPANY: Piqua Petro, Inc.  
ADDRESS: 1331 Xylan Rd.  
Piqua, KS 66761

COMMENCED:  
COMPLETED:  
WELL #:  
API#:  
STATUS:  
TOTAL DEPTH:  
CASING:

##### 7/27/2013  
7/31/2013  
7-13

15-207-28,587  
Oil Well  
1630'-6 3/4"  
40'-8 5/8" cmt w/ 20 sx

LEASE: Light  
COUNTY: Woodson  
LOCATION 1890'FNL/970FEL  
1/24/14e

1628'-4 1/2" csg Consol Cmt

## DRILLER'S LOG

		1240	Sa some sh good odor good show
10	soil & clay	1538	Sh
27	Sh	1540	Co
35	Sa (sandstone)	1550	Sh
53	Sh w/ ls strks	1582	Ls
55	Ls	1592	SA ls good odor
67	Sh	1601	Ls
103	Ls w/ sh brks	1603	Sa ls no/ns
396	Sh w/ ls strks	1630	LS T.D.
405	Ls		
468	Sh		
592	LS		
596	Sh		
610	Ls		
662	Sh		
676	Ls		
694	Sh		
835	LS w/ sh brks		
851	Sh blk		
1000	Sh		
1005	Ls		
1030	Sh		
1036	Ls		
1065	Sh		
1074	Sa show & odor		
1200	Sh w/ sa sh		
1225	Sh		
1226	Ls		
1231	Sh		

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(620) 365-6294

John J. Barker  
(620) 365-7806

INVOICE #: 30595  
COMPANY: Piqua Petro, inc  
ADDRESS: 1331 Xylan rd.  
Piqua, KS 66761

DATE: 8/2/2013  
LEASE: Light  
COUN: Woodson  
WELL: 7-13  
API #: 15-207-28,587

ORDERED BY: Greg

SERVICE	RATE	UNITS	
Location Pit Charge		1	N/A
Set Surface Csg.	\$250.00 Per Hr	4	N/C
Cement Surface/W.O.C.	\$250.00 Per Hr	8	N/C
Drilling Charge	\$10.00 Per Ft	1630'	\$16,300.00
Circulating	\$250.00 Per Hr	4	N/C
Drill Stem Test	\$250.00 Per Hr		N/C
Logging	\$250.00 Per Hr		N/C
Core Samples	%500.00 Per Run		N/A
Water Hauling	\$40.00 Per Hr		N/C
Bit Charge (Lime W/O)	Cost + 10%		N/C
Drill Stem Lost	\$28.00 Per Ft		N/C
Trucking	\$40. per hr + \$1./ mi		N/C
Roustabout	\$23.00 Per Man Hr		N/C
Running Casing	\$250.00 Per Hr	4	\$500.00
Rigging Up	\$250.00 Per Hr	1	N/C
Rigging Down	\$250.00 Per Hr	1	N/C
Other	\$250.00 Per Hr		
Fuel Assess.			
Move Rig			
Material Provided:			
* Cement	\$8.00 Per Sx	20	\$160.00
Sample Bags	\$28.00 Per Box		n/c

TOTAL AMOUNT

\$16,960.00

REMIT TO:

RIG 6 DRILLING, INC  
PO BOX 227  
IOLA, KS 66749

THANK YOU !!! WE APPRECIATE YOUR BUSINESS !!!



**CONSOLIDATED**  
Oil Well Services, LLC

**ENTERED**

TICKET NUMBER 43353

LOCATION EUREKA

FOREMAN Kevin McCoy  
Bill Spaulding

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT API # 15-207-28587**

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-1-13	4950	Light 7-13	1	245	14E	Woodson
CUSTOMER <u>Pigaa Petroleum</u>			TRUCK #		DRIVER	
MAILING ADDRESS <u>1331 Xylan Rd</u>			57		CHRIS B.	
CITY <u>Pigaa</u>			61		DAVE G.	
STATE <u>KS</u>	ZIP CODE	479		Colby N.		
		450/T103		Jim M.		

Rig 6  
Daly  
Co.

JOB TYPE Longstring HOLE SIZE 6 3/4 HOLE DEPTH 1630' CASING SIZE & WEIGHT 4 1/2 9.5\*  
 CASING DEPTH 1627 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 12.6-13.6 SLURRY VOL 64 BBL WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 0'  
 DISPLACEMENT 27.5 BBL DISPLACEMENT PSI 500 PSI 1000 Bump Plug RATE \_\_\_\_\_

REMARKS: Safety Meeting: Rig up to 4 1/2 casing. Break Circulation w/ 5 BBL Fresh water. Mixed 150 SKS 60/40 Pozmix Cement w/ 8% Gel, 1" Flo-seal/sk @ 12.6"/gal. Tail in w/ 50 SKS Thick Set Cement w/ 5" Kol-seal/sk, 2" PhenoSeal/sk @ 13.6"/gal. Wash out Pump & Lines. Shut down. Release Plug. Displace Plug to Seat w/ 27.5 BBL Fresh water. Final Pumping Pressure 500 psi. Bump Plug to 1000 psi. wait 2 mins. Release Pressure. Front Hold. Good Cement Returns to Surface = 15 BBL Slurry 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	150 SKS	60/40 Pozmix Cement	13.18	1977.00 ✓
1118B	1030*	Gel 8% } Lead Cement	.22	226.60 ✓
1107	150*	Flo-Seal 1"/sk	2.47	370.50 ✓
1126 A	50 SKS	THICK SET Cement	20.16	1008.00 ✓
1110 A	250 *	Kol-Seal 5"/sk } TAIL Cement	.46	115.00 ✓
1107 A	100 *	PhenoSeal 2"/sk	1.35	135.00 ✓
5407	9.2 Tons	Ton Mileage Bulk Delv.	M/G X 2	736.00 ✓
1118 B	2700*	Gel	.22	594.00 ✓
1103	50 #	CAUSTIC SODA } Delivered to Daly Rig	1.69	84.50 ✓
1121	50 #	Soda Ash	.89	44.50 ✓
5501 C	3 Hrs	Water Transport	120.00	360.00 ✓
1123	5000 gals	City Water	17.30/1000	86.50 ✓
4404	1	4 1/2 Top Rubber Plug	47.25	47.25 ✓
			Sub Total	7037.85
			SALES TAX 7.15%	335.24 ✓
			ESTIMATED TOTAL	7373.09 ✓

Ravin 3737

061304

AUTHORIZATION Ron Poffenbarger TITLE Rig 6 Daly 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