



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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
-------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------



LEIS OIL SERVICES

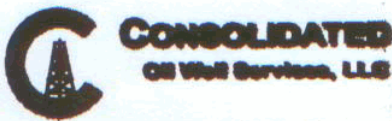
1410 150th Rd. • Yates Center, Kansas 66783 • (620) 212-0752



843 Operator License #: 30345		API #: 15-207-28647-00-00	
Operator: Piqua Petro Inc.		Lease: Hammond E	
Address: 1331 Xylan Rd Piqua, KS 66761		Well #: 45-13	
Phone: (620) 433-0099		Spud Date: 8-15-13 Completed: 8-16-13	
Contractor License: 32079		Location: SW-NE-NW-NE of 8-24S-16E	
T.D.: 1119	T.D. of Pipe: 1114	500	Feet From North
Surface Pipe Size: 7"	Depth: 41'	1820	Feet From East
Kind of Well: Oil		County: Woodson	

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
13	Soil/Clay	0	13	13	Shale	939	952
7	Lime	13	20	4	Lime	952	956
180	Shale	20	200	3	Black Shale	956	959
53	Lime	200	253	11	Shale	959	970
18	Shale	253	271	5	Lime	970	975
136	Lime	271	407	15	Shale	975	990
5	Shale	407	412	4	Lime	990	994
3	Lime	412	415	2	Black Shale	994	996
9	Shale	415	424	13	Lime/Shale strks	996	1009
53	Lime	424	477	11	Oil Sand	1009	1020
7	Shale/Black Shale	477	484	30	Shale	1020	1050
2	Lime	484	486	1	Lime	1050	1051
6	Shale	486	492	3	Shale	1051	1054
2	Lime	492	494	1	Lime	1054	1055
40	Shale	494	534	3	Shale	1055	1058
75	Lime	534	609	13	Oil Sand	1058	1071
6	Shale/Black Shale	609	615	48	Sandy Shale	1071	1119
21	Lime	615	636				
5	Shale/Black Shale	636	641				
24	Lime	641	665				
163	Shale	665	828		T.D.		1119
6	Lime	828	834		T.D. of pipe		1114
22	Shale	834	856				
8	Lime	856	864				
2	Black Shale	864	866				
53	Shale	866	919				
2	Lime	919	921				
3	Shale	921	924				
15	Lime	924	939				



TICKET NUMBER 43440
 LOCATION Eureka
 FOREMAN Steve Reed

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
8-19-13	4950	Hammond 45-13				Woodson
CUSTOMER Pigua Petroleum			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1331 Xylan Rd			485	Allen B		
CITY STATE ZIP CODE Pigua KS 66761			667	Marlo		

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 149' CASING SIZE & WEIGHT _____
 CASING DEPTH 114' DRILL PIPE _____ TUBING 2 3/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING _____
 DISPLACEMENT 6.5 bbls DISPLACEMENT PSI 500 Bump plug 1000' RATE _____

REMARKS: Safety Meeting: Rig up to 2 3/8 Tubing. Break circulation w/ 5 bbls Fresh water. Pump 300' Gel + 5 bbl Water spacer. Mix 145 sks 60/40 p/z mix cement w/ 5% Kal-Seal, 4% Gel + 1% Coalz. Shut down wash out pump + lines. STUFF 2 plugs. Displace w/ 6.5 bbls Fresh water. Final pumping Pressure 500' Bump Plug 1000'. Shut well in w/ 100'. Good cement Return to surface 5 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	1085.00	1085.00 ✓
5406	40	MILEAGE	4.20	168.00 ✓
1131	145 sks	60/40 p/z mix Cement	1318	1911.20 ✓
110A	700'	Kal-Seal 5% p/z sk	.46	322.00 ✓
1128B	470'	Gel 4%	.22	103.40 ✓
1102	120'	Coalz 1%	.78	93.60 ✓
5407	6.02 ton	Ton Mileage Bulk Truck	MIC	368.00 ✓
4402	2	2 3/8 Top Rubber Plugs	29.50	59.00 ✓
1128B	300'	Gel Flash	.22	66.00 ✓
			Subtotal	4176.10
			SALES TAX 7.15%	182.68
			ESTIMATED TOTAL	4358.78 ✓

Rev'n 3737

Steve Reed

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 for

