



KANSAS CORPORATION COMMISSION 1160157
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
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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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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 #: 15-207-28636-00-00
Operator: Piqua Petro, Inc.	Lease: Sovoboda
Address: 1331 Xylan Rd Piqua, KS 66761	Well #: 38-13
Phone: (620) 433-0099	Spud Date: 9/2/13 Completed: 9/7/13
Contractor License: 34036 - Leis Oil Services	Location: SW-NW-SE-SE of 3-24S-17E
T.D. : 1237 T.D. of Pipe: 1235 Size: 2.875"	940 Feet From South
Surface Pipe Size: 7" Depth: 21'	1000 Feet From East
Kind of Well: Oil	County: Woodson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
1	Soil	0	1	4	Lime	749	753
11	Gravel/Sand	1	12	13	Shale	753	766
35	Lime	12	47	7	Lime	766	773
111	Shale	47	158	14	Shale	773	787
18	Lime	158	176	12	Lime	787	795
5	Shale	176	181	5	Shale	795	800
15	Lime	181	196	3	Black Shale	800	803
5	Shale	196	201	3	Shale	803	806
3	Lime	201	203	3	Lime	806	809
12	Shale/Lime strks	203	215	34	Shale	809	843
41	Lime	215	256	1	Lime	843	844
59	Shale	256	315	328	Shale	844	1172
3	Lime	315	318	1	Coal	1172	1173
9	Shale	318	327	16	Shale (Oil Bleed)	1173	1189
66	Lime	327	393	3	Lime	1189	1192
6	Shale/Black Shale	393	399	4	Oil Break	1192	1196
25	Lime	399	424	1	Lime	1196	1197
3	Shale/Black Shale	424	427	1	Oil Break	1197	1198
25	Lime	427	452	39	Lime	1198	1237
171	Shale	452	623				
4	Lime	623	627		T.D.		1237
17	Shale	627	644		T.D. of Pipe		1235
11	Lime	644	655				
68	Shale	655	723				
2	Lime	723	725				
7	Shale	725	732				
5	Lime	732	737				
12	Shale	737	749				

Surface



ENTERED

TICKET NUMBER 43422
 LOCATION Eureka KS
 FOREMAN Shannon Felk

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
030-13	4950	Sovoboda #38-13	3	24	17	Woodson
CUSTOMER Piqua Petroleum			matt Leis			
MAILING ADDRESS 1331 xylan Rd			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Piqua			485	Alan M		
STATE KS			611	Chris B		
ZIP CODE 66761						

JOB TYPE S/P 0 HOLE SIZE _____ HOLE DEPTH 22' CASING SIZE & WEIGHT 7" 23#
 CASING DEPTH 20' 6.6 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.5-15# SLURRY VOL _____ WATER gal/sk 6.50 CEMENT LEFT In CASING 34'
 DISPLACEMENT .6 Bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Rig up to 7" casing, Break circulation w/ 3 Bbl H2O, mixed sks Class A cement with 2% calcium + 2% gel. Displace w/ .6 Bbl H2O & shut casing in. Good circulation @ all times 2-3 Bbl slurry to pit. Job complete.

"Thanks Shannon & crew"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	870.00	870.00 ✓
5406	40	MILEAGE	4.20	168.00 ✓
11045	25 SKS	Class "A" Cement	15.70	392.50 ✓
1107	50 #	Calcium @ 2%	.78	39.00 ✓
1118 B	50 #	gel @ 2%	.22	11.00 ✓
5407	1.15 Tons	Tom mileage bulk Truck	m/c	368.00 ✓
			Sub Total	1848.50
			SALES TAX 7.15%	31.64 ✓
			ESTIMATED TOTAL	1880.14 ✓

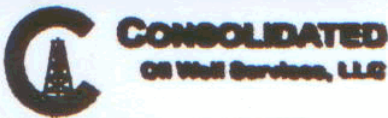
Revin 3737

K-MCC

06/19/10

AUTHORIZATION Called by Matt Leis TITLE Contractor 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.



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

ENTERED

TICKET NUMBER 43553
LOCATION Lure, Ka
FOREMAN Steve Neal

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-18-13	4950	Souaboda 38-73				Woodson
CUSTOMER Pigua Petroleum			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1331 xylan Rd			485	Alan m.		
CITY Pigua			479	Colby		
STATE KS		ZIP CODE 66761				

JOB TYPE Repair/size HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING 1" 750 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting. Pig up to 1" Tubing. Break Circulation w/ Fresh water. Mix 1255 lbs 60/40 Poz mix Cement w/ 4% Gel. Pull out 1" Tubing. Top well off. Job complete Rig down

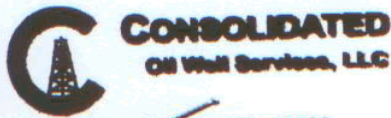
Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00 ✓
5406	—	MILEAGE <u>2nd well</u>	—	— ✓
1131	1255 lbs	60/40 Poz mix Cement	13.18	1647.50 ✓
1118B	470 #	Gel 4%	.22	94.60 ✓
5407	5.3870n	Ten mileage Bulk Truck	mx	368.00 ✓
			Subtotal	2195.10
			SALES TAX 2.15%	184.56 ✓
			ESTIMATED TOTAL	2379.66 ✓

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AUTHORIZATION *Alan* TITLE ate 2011 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.



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

ENTERED

TICKET NUMBER 43430
LOCATION Eureka KS
FOREMAN Shannon Feck

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-5-13	4950	Sovoboda #38-B	3	24	17	woodson
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Pigua Petroleum			445	Dave G		
MAILING ADDRESS			479	Zevi A	(Eldorado Hand)	
1331 xylan Rd						
CITY	STATE	ZIP CODE				
Pigua	KS	66761				

JOB TYPE 4/5 HOLE SIZE _____ HOLE DEPTH 1235' CASING SIZE & WEIGHT _____
 CASING DEPTH 1232' DRILL PIPE _____ TUBING 2 3/8" OTHER _____
 SLURRY WEIGHT 13.6 # SLURRY VOL 9 Bbl WATER gal/sk 9.0 CEMENT LEFT in CASING _____
 DISPLACEMENT 7.1 Bbl DISPLACEMENT PSI 300 MIX PSI Bump Plug @ 700 RATE Displace @ 1BPM

REMARKS: Rig up to 2 3/8" tubing, Break circulation & mixed 25 SKS gel & circulate well for one hour, 3 Bbl H2O spacer, mixed 25 SKS Thickset cement w/ 5 # kol-seal/sk & 1 # phenoseal/sk @ #/gal. Shut down wash out pump & lines. Stuff two plugs & displace w/ 7.1 Bbl H2O. Final pumping pressure of 300 psi, bumped plug @ 700 psi shut well in @ 500 psi, Good circulation @ all times, Job

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 ✓
1126A	25 SKS	Thickset Cement	20.16	504.00 ✓
1110A	125 #	Kol-Seal @ 5#/sk	.46	57.50 ✓
1107A	25 #	Phenoseal @ 1#/sk	1.35	33.75 ✓
5407	1.375 Tons	Ton mileage bulk Truck	MIC	368.00 ✓
1118B	1250 #	Gel-Flush	.22	275.00 ✓
4402	2	2 3/8" Rubber Plugs	29.50	59.00 ✓
			Sub Total	2550.25 ✓
			7.15 % SALES TAX	182.44 ✓
			ESTIMATED TOTAL	26616.69 ✓

Revin 3737

K. MCL

262138

AUTHORIZATION Called By Greg Lair 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