



KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1170653

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: \_\_\_\_\_

1170653

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 ☐ Yes ☐ No  
(Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☐ No

Cores Taken ☐ Yes ☐ No

Electric Log Run ☐ Yes ☐ No

Electric Log Submitted Electronically ☐ Yes ☐ No  
(If no, Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample  
Name Top Datum

CASING RECORD ☐ New ☐ 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 (Amount and Kind of Material Used)	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> 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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <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 #
11/8/2013	1018

**Bill To**

Piqua Petro, Inc.  
1331 Xylan Rd  
Piqua, KS 66761

P.O. No.	Terms	Project
	Due on receipt	

Quantity	Description	Rate	Amount
1,241	Willie North 8-13	6.25	7,756.25
1	Mississippi Bit Charge	600.00	600.00
1	Drill Pit	100.00	100.00
10	Cement for Surface	11.60	116.00
1,262	Startz 9-13	6.25	7,887.50
1	Mississippi Bit Charge	600.00	600.00
1	Drill Pit	100.00	100.00
10	Cement for Surface	11.60	116.00
1,116	Wingrave 66-13	6.25	6,975.00
1	Drill Pit	100.00	100.00
10	Cement for Surface	11.60	116.00
1,107	Wingrave 67-13	6.25	6,918.75
1	Drill Pit	100.00	100.00
10	Cement for Surface	11.60	116.00
420	Little Kramer trenching	0.75	315.00
1,055	Wingrave 68-13	6.25	6,593.75
1	Drill Pit	100.00	100.00
10	Cement for Surface	11.60	116.00
1,056	Wingrave 69-13	6.25	6,600.00
1	Drill Pit	100.00	100.00
10	Cement for Surface	11.60	116.00
1,066	Wingrave 70-13	6.25	6,662.50
1	Drill Pit	100.00	100.00
10	Cement for Surface	11.60	116.00
1,081	Wingrave 71-13	6.25	6,756.25
1	Drill Pit	100.00	100.00
10	Cement for Surface	11.60	116.00
2	spread rock by barn on wingrave and cleared location for 72-13 along trees	45.00	90.00
		<b>Total</b>	<b>\$59,483.00</b>





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

263844

TICKET NUMBER 45174

LOCATION Ευρεκα

FOREMAN Steve 'Mead

## FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-8-13	4950	Wingrave # 67-13				Woodson
CUSTOMER						
Piqua Petroleum						
MAILING ADDRESS						
1331 xylan Rd						
CITY		STATE	ZIP CODE			
Piqua		KS	66761			

TRUCK #	DRIVER	TRUCK #	DRIVER
485	Alan m		
667	Colby		

JOB TYPE <u>2 1/8 0</u>	HOLE SIZE	HOLE DEPTH <u>1109</u>	CASING SIZE & WEIGHT
CASING DEPTH <u>1108'</u>	DRILL PIPE	TUBING <u>2 3/8</u>	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING
DISPLACEMENT <u>1.4 bbls</u>	DISPLACEMENT PSI <u>2000#</u>	<u>Bump</u> MIX PSI <u>plug 1200#</u>	RATE

REMARKS: Safety Meeting. Rig up To 2 3/8 Tubing. Break Circulation w/ Fresh water. Pump 300# Gal/Flush + 5 bbls water spacer. Mix 140 lbs 64/40 w/ 4% Gel, 5# Kal-Seal + 1% each. Shut down washout pump + lines. STUFF 2 Plugs. Displace 6.4 bbls Fresh water. Final pumping Pressure 2000 Pump Plug 1200#. Shut well in w/ 500# Gerd Cement Return to surface 6 bbl to pit  
Job Complete Rig down

Thank you

[illegible]

Regin 3737

## AUTHORIZATION

**TITLE**

DATE \_\_\_\_\_

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's



# LEIS OIL SERVICES

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



<b>Operator License #:</b> 30345	<b>API #:</b> 15-207-28667-00-00
<b>Operator:</b> Piqua Petro, Inc.	<b>Lease:</b> Wingrave
<b>Address:</b> 1331 Xylan Rd Piqua, KS 66761	<b>Well #:</b> 67-13
<b>Phone:</b> (620) 433-0099	<b>Spud Date:</b> 11-4-13 <b>Completed:</b> 11-6-13
<b>Contractor License:</b> 34036	<b>Location:</b> NE-NE-SW-NE of 17-24-16E
<b>T.D. :</b> 1107 <b>T.D. of Pipe:</b> 1102 <b>Size:</b> 2.875"	1815 <b>Feet From</b> North
<b>Surface Pipe Size:</b> 7" <b>Depth:</b> 42'	1340 <b>Feet From</b> East
<b>Kind of Well:</b> Oil	<b>County:</b> Woodson

## LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
4	Soil	0	4	4	Shale	986	990
22	Broken Lime	4	26	10	Broken Oil Sand	990	1000
159	Shale	26	185	35	Shale	1000	1035
43	Lime	185	228	1	Lime	1035	1036
4	Shale	228	232	3	Shale	1036	1039
214	Lime	232	446	1	Lime	1039	1040
28	Shale	446	474	7	Oil Sand	1040	1047
11	Lime	474	485	60	Shale	1047	1107
31	Shale	485	516				
79	Lime	516	595				
5	Shale/Black Shale	595	600				
20	Lime	600	620				
5	Shale/Black Shale	620	625				
21	Lime	625	646				
163	Shale	646	809				
4	Lime	809	813				
23	Shale	813	836				
8	Lime	836	844				
59	Shale	844	903				
2	Lime	903	905				
3	Shale	905	908				
14	Lime	908	922				
29	Shale	922	951				
8	Lime	951	959				
12	Shale	959	971				
5	Lime	971	976				
3	Shale	976	979		<b>T.D.</b>		<b>1107</b>
5	Black Shale	979	984		<b>T.D. of Pipe</b>		<b>1102</b>
2	Lime	984	986				