



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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <i>(Explain)</i> _____
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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, 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	6,762.50
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
		Total	\$59,487.00



LEIS OIL SERVICES



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

Operator License #: 830345	API #: 15-207-28660-00-00
Operator: Leis Pippa Leis	Lease: Wingance
Address: 1531 Yulem Rd	Well #: 66-113
Phone: 433-3049	Spud Date: 10/25/13 Completed: 10/28/13
Contractor License: 29036	Location: NIVENENE sb 17-24-16E
T.D.: 1116 T.D. of Pipe: 1104 Size: 2.875	2475 Feet From North
Surface Pipe Size: 7" Depth: 42	500 Feet From East
Kind of Well:	County: W0

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
05	soil	0	5	3	lime	945	948
12	lime	5	17	2	Bl. Shale	948	950
172	shale	17	189	32	Shale	950	982
41	lime	189	230	5	lime	982	987
6	shale	230	236	4	shale	987	991
224	lime	236	460	2	Bl. Shale	991	993
1	shale	460	476	6	shale	993	999
3	lime	476	478	11	oil sand	999	1010
8	shale	478	486	28	shale	1010	1048
4	lime	486	490	1	lime	1048	1049
33	shale	490	523	2	oil sand	1049	1052
15	lime	523	538	59	sandy shale	1052	1116
9	shale/bl. shale	538	607				
22	lime	607	629				
5	shale/bl. shale	629	634				
25	lime	634	659				
161	shale	659	820				
4	lime	820	824				
21	shale	824	845				
9	lime	845	854				
60	shale	854	914				
2	lime	914	916				
8	shale	916	924				
2	lime	924	926				
7	shale/bl. shale	926	933				
12	shale	933	945				

Drilling Remarks: 1002 CFS light blue/broken oil sand (end) (999-1000) 1002-1007 good blue sand/shale mix, 1007-1012 good blue broken oil sand to shale, 1018-1049 limecap 1049-1054 oil sand/light blue, 1054-1059 oil sand to sandy shale, light blue



CONSOLIDATED
Oil Well Services, LLC

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

3RD well

TICKET NUMBER 57351
FIELD TICKET REF # 48803
LOCATION Thayer
FOREMAN Matt Busby

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-15-13		Wingrave 66-13	17	245	16E	WO
CUSTOMER Piqua Petroleum, Inc.			* Safety meeting attendees			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			476	Josh	4897102	Cody V
STATE			490	Donnie		
ZIP CODE			482	Mark		
			582	Eric		
			424	Wes		
			618795	Joe		

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE 2 7/8 X 8 EUE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
1002.5 - 12.5 (21) Squirrel (5)	
1048 - 1069 (34)	

TYPE OF TREATMENT
Acid spot + frac w/acid STF

CHEMICALS
KALSUB - Biocide + Breaker
Acid - Inhibitor - Stim Oil

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAD	20	20				BREAKDOWN 1325
16-30		20	.5-1.0	500#		START PRESSURE
12-20 BIOBALLS		20	1.0-2.0	3,500#		END PRESSURE
12-20 (10) + (5) + (3)		↓	0.5			BALL OFF PRESS
12-20 (4)		↓	1.0			ROCK SALT PRESS
12-20		↓	2.0			ISIP 775
12-20 (8) + (6)		20	2.0	4,000#		5 MIN
12-20 (5) + (4)		17	.5			10 MIN
12-20 (45)		17	1.0			15 MIN
12-20		18	2.0	4,000#		MIN RATE
FLUSH CASING	10	20				MAX RATE
Release balls to T.D.			TOTAL	12,000#		DISPLACEMENT 6.2
OVERFLUSH	10	20	SAND			
TOTAL BBL'S	297					

REMARKS: * hold safety - procedure meeting before frac
Spotted 100 gal - 15% HCL acid on perfs
Blend 200 gal raw HCL acid STF
Location 12:00 PM - 50 miles

AUTHORIZATION [Signature] TITLE _____ DATE 11-15-13

Terms and Conditions are printed on reverse side.