



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1173385
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

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
- Plug Back Conv. to GSW Conv. to Producer
- 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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1173385

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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 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				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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

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> _____	PRODUCTION INTERVAL: _____ _____
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LEIS OIL SERVICES



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

Operator License #: 30345	API #: 15-207-28712-00-00
Operator: Piqua Petro, Inc.	Lease: Wingrave
Address: 1331 Xylan Rd Piqua, KS 66761	Well #: 68-13
Phone: (620) 433-0099	Spud Date: 11-11-13 Completed: 11-12-13
Contractor License: 34036	Location: SE-NE-SE of 16-24-16E
T.D. : 1055 T.D. of Pipe: 1047 Size: 2.875"	1550 Feet From North
Surface Pipe Size: 7" Depth: 42'	500 Feet From East
Kind of Well: Oil	County: Woodson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
15	Soil/Clay	0	15	5	Lime	922	927
11	Gravel/Sand	15	26	4	Shale	927	931
101	Shale	26	127	3	Black Shale	931	934
25	Lime	127	152	8	Shale	934	942
5	Shale	152	157	5	Broken Oil Sand	942	947
156	Lime	157	313	8	Oil Sand	947	955
6	Shale	313	319	29	Shale	955	984
71	Lime	319	390	1	Lime	984	985
18	Shale	390	408	2	Shale	985	987
3	Lime	408	411	1	Lime	987	988
45	Shale	411	456	16	Oil Sand	988	1004
75	Lime	456	531	41	Shale	1004	1055
7	Shale/Black Shale	531	538				
23	Lime	538	561				
4	Shale/Black Shale	561	565				
20	Lime	565	585				
170	Shale	585	755				
4	Lime	755	759				
21	Shale	759	780				
9	Lime	780	789				
61	Shale	789	850				
4	Lime	850	854				
12	Shale	854	866				
5	Lime	866	871				
12	Shale	871	883				
3	Lime	883	886				
15	Shale	886	901		T.D.		1055
8	Lime	901	909		T.D. of Pipe		1047
13	Shale	909	922				



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
		Total	\$59,483.00



CONSOLIDATED
OK Well Services, LLC

263969

TICKET NUMBER 45221
LOCATION Eureka
FOREMAN Steve Mead

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												
11-13-13	4950	Wingrover 68-13				Woodson												
CUSTOMER Piqua Petroleum			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>485</td> <td>Alan</td> <td></td> <td></td> </tr> <tr> <td>479</td> <td>Marla</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	485	Alan			479	Marla		
TRUCK #	DRIVER	TRUCK #					DRIVER											
485	Alan																	
479	Marla																	
MAILING ADDRESS 1331 Xylan Rd.																		
CITY Piqua	STATE KS	ZIP CODE 66761																

JOB TYPE W 0 HOLE SIZE _____ HOLE DEPTH 1055 CASING SIZE & WEIGHT _____
 CASING DEPTH 1047 DRILL PIPE _____ TUBING 2 7/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING _____
 DISPLACEMENT 6.06 bbls DISPLACEMENT PSI 500* MIX PSI Bump Plug 1000* RATE _____

REMARKS: Safety Meeting: Rig up to 2 7/8 Tubing. Break Circulation w/ Fresh Water. Pump 300* Gel Flush + 5 bbls water spacer. Mix 140sk 60/40 Pozmix Cement w/ 5# Kol-Seal, 4% Gel + 1% CaCl2. Shutdown Wash out pump + line. Stuff 2 plug. Displace w/ 6.06 bbls Fresh Water. Final Pumping Pressure 500* Bump Plug 1000*. Shut well in 500* Good Cement Return to surface. 6bbl top it. 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	140sk	60/40 Pozmix Cement	13.18	1845.20 ✓
1110A	700*	Kol-Seal 5# gel/sk	.46	322.00 ✓
1118B	480*	Gel 4%	.22	105.60 ✓
1102	120*	CaCl2 1%	.78	93.60 ✓
1118B	300*	Gel Flush	.22	66.00 ✓
5407	6.02 ton	Ton mileage Bulk Truck	m/c	368.00 ✓
4402	2	2 7/8 Rubber Plug	29.50	59.00 ✓
			Sub Total	4112.40
			7.15%	SALES TAX 178.13
				ESTIMATED TOTAL 4290.53

completed

Ravin 3737

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... of order on the back of this form are in effect for services identified on this form