



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1173389
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: _____

1173389

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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: 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> <i>(Submit ACO-4)</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 #: 15-207-28731-00-00
Operator: Piqua Petro, Inc.	Lease: Wingrave
Address: 1331 Xylan Rd Piqua, KS 66761	Well #: 69-13
Phone: (620) 433-0099	Spud Date: 11-13-13 Completed: 11-14-13
Contractor License: 34036	Location: SW-SW-NE-SE of 16-24-16E
T.D. : 1056 T.D. of Pipe: 1052 Size: 2.875"	1350 Feet From North
Surface Pipe Size: 7" Depth: 42'	825 Feet From East
Kind of Well: Oil	County: Woodson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
8	Soil/Clay	0	8	5	Lime	926	931
8	Gravel/Sand	8	16	3	Shale	931	934
108	Shale	16	124	2	Black Shale	934	936
20	Lime	124	144	12	Shale	936	948
18	Shale	144	162	11	Oil Sand	948	959
13	Lime	162	175	32	Shale	959	991
22	Shale	175	197	1	Lime	991	992
195	Lime	197	392	12	Oil Sand	992	1004
18	Shale	392	410	52	Shale	1004	1056
2	Lime	410	412				
55	Shale	412	457				
76	Lime	457	533				
8	Shale/Black Shale	533	541				
24	Lime	541	565				
3	Shale/Black Shale	565	568				
20	Lime	568	588				
169	Shale	588	757				
3	Lime	757	760				
23	Shale	760	783				
9	Lime	783	792				
61	Shale	792	853				
3	Lime	853	856				
8	Shale	856	864				
5	Lime	864	869				
16	Shale	869	885				
4	Lime	885	889				
13	Shale	889	904		T.D.		1056
7	Lime	904	911		T.D. of Pipe		1052
15	Shale	911	926				



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
Oilfield Services, LLC

264012

TICKET NUMBER 27461
LOCATION Eureka
FOREMAN Charney William

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
11-15-13	4950	wingrave 69-13				Woodson
CUSTOMER Pigna Petroleum			TRUCK #			
MAILING ADDRESS 1331 Xylan Rd.			DRIVER			
CITY Pigna		STATE KS	ZIP CODE 66761		TRUCK #	
					DRIVER	
			445		Chris	
			479		Merle	
			637		Jim	

JOB TYPE L.S. HOLE SIZE 6 5/8 HOLE DEPTH 1,053' CASING SIZE & WEIGHT 2 7/8" 6.5#
 CASING DEPTH 1,052' DRILL PIPE _____ TUBING _____ OTHER Yield - 1.57cu
 SLURRY WEIGHT 13.4# SLURRY VOL 39 BBL WATER gal/sk 7.2 gal/sk CEMENT LEFT in CASING 0
 DISPLACEMENT 6.1 BBL DISPLACEMENT PSI 300# MIX PSI 200# RATE 3

REMARKS: Safety Meeting. Rig up to 2 7/8" tubing. Pump 5 BBL H2O @ 2 BPM @
pump 12 BBL Gel. Established circulation with 7 BBL, 5 BBL H2O,
pump 39 BBL of Slurry @ 4 BPM @ 200#, Shut Down wash P/L
and stuff 2 plugs. Displace 6.1 BBL. Landed plug @ 1,000#
Bled # off too 500# and closed well in. Circulated 12 BBL
of Slurry to pit. A log
60/40 + 5# KK Kol Seal + 4% Gel + 1% CaCl2 +

Thanks.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1,085. ⁰⁰	1,085. ⁰⁰
5406	40	MILEAGE	4.2 ⁰⁰	168. ⁰⁰
1131	140 sks	60/40 Pozmix	13.1 ²	1,845. ²⁰
1110A	700 #	Kol Seal	.46	322. ⁰⁰
1118B	480 #	Gel	.22	105. ⁶⁰
1102	120 #	CaCl2	.78	93. ⁶⁰
1107A	140 #	Pheno	1.35	189. ⁰⁰
1118B	300 #	Gel Flush	.22	66. ⁰⁰
5487	6 Ton	Bulk Ton Mileage		368. ⁰⁰
4402	2	2 7/8" Rubber Plug	29.5 ⁰⁰	59. ⁰⁰
5502C	3 hr.	80 Vac	100. ⁰⁰	300. ⁰⁰
1123	3,000 gal	City Water	17.3 ⁰⁰	51. ⁹⁰
			7.15	SALES TAX \$195.35
				ESTIMATED TOTAL \$4,848. ⁶⁵

Revin 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 account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.