



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1173391
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: _____

1173391

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> _____ <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 #: 15-207-28732-00-00
Operator: Piqua Petro, Inc.	Lease: Wingrave
Address: 1331 Xylan Rd Piqua, KS 66761	Well #: 70-13
Phone: (620) 433-0099	Spud Date: 11-15-13 Completed: 11-18-13
Contractor License: 34036	Location: NE-NW-NE-SE of 16-24-16E
T.D. : 1066 T.D. of Pipe: 1062 Size: 2.875"	2475 Feet From South
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
10	Soil/Clay	0	10	4	Lime	933	937
9	Gravel/Sand	10	19	3	Shale	937	940
114	Shale	19	133	2	Black Shale	940	942
32	Lime	133	165	9	Shale	942	951
4	Shale	165	169	16	Oil Sand	951	967
26	Lime	169	195	30	Shale	967	997
15	Shale	195	210	1	Lime	997	998
190	Lime	210	400	4	Shale	998	1002
15	Shale	400	415	1	Lime	1002	1003
3	Lime	415	418	7	Oil Sand	1003	1010
43	Shale	418	461	56	Shale	1010	1066
79	Lime	461	540				
9	Shale/Black Shale	540	549				
23	Lime	549	572				
3	Black Shale	572	575				
23	Lime	575	598				
168	Shale	598	766				
2	Lime	766	768				
23	Shale	768	791				
10	Lime	791	801				
61	Shale	801	862				
3	Lime	862	865				
9	Shale	865	874				
7	Lime	874	881				
11	Shale	881	892				
6	Lime	892	898				
12	Shale	898	910		T.D.		1066
7	Lime	910	917		T.D. of Pipe		1062
16	Shale	917	933				



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

264125

TICKET NUMBER 45058

LOCATION Eureka, KS

FOREMAN David Gardner

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

FIELD TICKET & TREATMENT REPORT

CEMENT API # N/A

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-19-13	4950	Wingrave # 70-13				Woodson
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Pigua Petroleum			445	Chris B.		
MAILING ADDRESS			601	Josy K.		
1331 Xylan Rd.			637	Jim M.		
CITY	STATE	ZIP CODE				
Pigua	KS	66761				

JOB TYPE 4/s HOLE SIZE _____ HOLE DEPTH 1107' CASING SIZE & WEIGHT _____
 CASING DEPTH 1102' DRILL PIPE _____ TUBING 2 7/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL 39 Bbls WATER gal/sk _____ CEMENT LEFT in CASING None
 DISPLACEMENT 6.3 Bbl. DISPLACEMENT PSI 500 ~~Rate~~ Bump Plugs 1000 PSI RATE 1 BPM

REMARKS: Safety Meeting. Rig up to 2 7/8" Tubing. Break circulation w/ fresh water. Mixed 300th Gel Flush + 5 Bbl water spacer. Mixed 140 sks 60/40 Pozmix Cement w/ 5th Kol-seal @ 4% Gel, + 1% Caclz. Shut down, wash out pump & lines. Stuff two 2 7/8" plugs. Displace w/ 6.3 Bbls fresh water. Final pumping pressure of 500 PSI. Bump plugs to 1000 PSI. Shut well in @ 500 PSI. Good circulation @ all times. 8 Bbls cement slurry to pit. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
			1085.00	1085.00 ✓
5401	1	PUMP CHARGE	4.20	168.00 ✓
5406	40	MILEAGE		
1131	140 SKS	60/40 Pozmix Cement	13.18	1845.20 ✓
1110A	700 th	Kol-seal @ 5 th /sk	.46	322.00 ✓
1118B	500 th	Gel @ 4%	.22	110.00 ✓
1102	120 th	Caclz. @ 1%	.78	95.60 ✓
5407	6.02 Tons	Ton Mileage Bulk Truck	m/c	368.00 ✓
5502C	3 HRS.	80 Bbl Vac Truck	90.00	270.00 ✓
1123	3300 Gal.	80 Bbls City Water	17.30/1000	57.09 ✓
1118B	300 th	Gel Flush	.22	66.00 ✓
4402	2	2 7/8" Top Rubber Plugs	29.50	59.00 ✓
		Subtotal		4443.89
		"Thank You"	7.15%	SALES TAX 182.53
				ESTIMATED TOTAL 4626.42

completed

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