



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1177457
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: _____

1177457

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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33961



CONSOLIDATED
Oil Well Services, LLC

265005

TICKET NUMBER 45815

LOCATION Eureka

FOREMAN Steve Neal

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

FIELD TICKET & TREATMENT REPORT

CEMENT APT 15-207-28799

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-20-13	4930	Cow Skull # 2-13	36	R3S	14E	Woodson
CUSTOMER Pigou Petroleum						
MAILING ADDRESS 1331 Sylvan Rd			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Pigou			485	Alan		
STATE KS	ZIP CODE 66761					
			611	Joey		
			637	marle		

JOB TYPE PZA HOLE SIZE 6 3/4 HOLE DEPTH 1654 CASING SIZE & WEIGHT _____
CASING DEPTH _____ DRILL PIPE 3 1/2 TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING _____
DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting Plug well AS Follow

15 sks 50' Plug AT 1641'
13 sks 50' plug AT 852
20 sks 250' to surface
100 sks 60/40 Pozmix Cement 4% Gel
Job complete Rig down

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1085.00	1085.00 ✓
5406	45	MILEAGE	4.20	189.00 ✓
1181	100 sks	60/40 Pozmix Cement	13.18	1318.00 ✓
1181B	340 #	Gel 4%	.22	74.80 ✓
5407	4.3 Ten	Ton mileage Bulk Truck	mys	368.00 ✓
5502C	4 hrs	50 bbl Vacuum Truck	90.00	360.00 ✓
1123	2500 gallons	CITY WATER	17.30/1000	432.50 ✓
			Subtotal	3438.05 ✓
			SALES TAX 7.15%	102.68 ✓
			ESTIMATED TOTAL	3540.73 ✓

completed

avin 9737

AUTHORIZATION Conrad West TITLE Driller 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.

RIG 6 DRILLING CO. INC

R.K. 'BUD' SIFERS
620 365 6294

PO BOX # 227
IOLA, KS
66749

JOHN BARKER
620 365 7806

INVOICE #: 30611
COMPANY: Piqua Petro, Inc
ADDRESS: 1331 Xylan Rd.
Piqua, KS 66761

DATE: 12/23/2013
LEASE: Cowskull
COUNTY: Woodson
WELL #: 2-13
API #: 15-207-28,799

ORDERED BGreg

SERVICE	RATE	UNITS	
Location Pit Charge		1	N/C
Set Surface Csg.	\$250.00 Per Hr	4	N/C
Cement Surface/W.O.C.	\$250.00 Per Hr	8	N/C
Drilling Charge	\$10.00 Per Ft	1654	\$16,540.00
Circulating	\$250.00 Per Hr	2	\$0.00
Drill Stem Test	\$250.00 Per Hr		N/C
Logging	\$250.00 Per Hr		N/C
Core Samples	\$500.00 Per Run		N/C
Water Hauling	\$40.00 Per Hr	1	N/C
Bit Charge (Lime W/O)	Cost + 10%		N/C
Drill Stem Lost	\$28.00 Per Ft		N/C
Trucking	\$40. per hr + \$1./ mi		N/C
Roustabout	\$23.00 Per Man Hr		N/C
Running Casing	\$250.00 Per Hr	1	N/C
Rigging Up	\$250.00 Per Hr	1	N/C
Rigging Down	\$250.00 Per Hr	1	N/C
Other			
Fuel Assess.			
Move Rig			
* Material Provided:			
Cement	\$8.00 Per Sx	15	\$80.00
Sample Bags			\$0.00

TOTAL AMOUNT

\$16,620.00
16,620.⁰⁰

REMIT TO:

RIG 6 DRILLING, INC
PO BOX 227
IOLA, KS 66749

THANK YOU !!! WE APPRECIATE YOUR BUSINESS !!!

RIG 6 DRILLING CO. INC

R.K. 'BUD' SIFERS
620 365 6294

PO BOX # 227
IOLA, KS
66749

JOHN BARKER
620 365 7806

COMPANY Piqua Petrol
ADDRESS: 1331 Xylan Rd
Piqua, KS 66761
Greg Lair
LEASE: Cowskull
COUNTY: Woodson
LOCATION 2470' FNL 11490' FEL
Sec 36-Twp 23- Rng 14e

COMMENCED: Dec. 17, 2013
COMPLETED: Dec. 20, 2013
WELL #: 2-13
API#: 15-207-28,799
STATUS: Dry
TOTAL DEPTH: 1654'-6 3/4"
CASING: 40'-8 5/8" cmt w/ 15 sx

DRILLER'S LOG

5	Soil & Clay	1631	Break No Odor
40	Shale (SH)	1634	LS
108	Sh w/Limestone(LS) Brks	1636	Break No Odor
122	LS	1654	LS
272	SH		
284	LS	1654	T. D.
449	SH		
898	LS w/SH Brks		
1080	SH		Plugging Report:
1124	LS		50' Bottom
1134	SH		50' at 850'
1140	LS w/ SH		250' to Surface
1157	SH		
1183	LS		
1562	HS		
1563	COAL (CO)		
1600	SH		
1624	LS Mississippi		