



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1177526
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: _____

1177526

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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CONSOLIDATED
Oil Well Services, LLC

264006

TICKET NUMBER 45224

LOCATION Eureka

FOREMAN Steve Neal

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

FIELD TICKET & TREATMENT REPORT

CEMENT APT 15-207-28644

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-14-13	4950	Light # 9-13	1	24S	14E	Woodson
CUSTOMER			TRUCK #			
Pigna Petroleum			DRIVER			
MAILING ADDRESS			TRUCK #			
1331 Xylan Rd			DRIVER			
CITY			TRUCK #			
Pigna			DRIVER			
STATE			TRUCK #			
KS			DRIVER			
ZIP CODE			TRUCK #			
66761			DRIVER			

JOB TYPE <u>4/5</u>	<u>0</u>	HOLE SIZE <u>6 3/4</u>	HOLE DEPTH <u>1674</u>	CASING SIZE & WEIGHT <u>4 1/2 9.5</u>
CASING DEPTH <u>1676'</u>	DRILL PIPE	TUBING	OTHER	
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT IN CASING	
DISPLACEMENT <u>27 1/2</u>	DISPLACEMENT PSI <u>700*</u>	MIX PSI <u>Bump plug 1200*</u>	RATE	

REMARKS: Safety Meeting. Rig up to 4 1/2 casing. Break circulation w/ 5 bbls fresh water. Mix 150 sks 60/40 Pozmix w/ 8% Gel + 1" phenoseal per/sk Tail in w/ 50 sks Thickset cement w/ 5" Kol Seal 2" phenoseal per/sk Washout pump + lines. Shutdown Release plug. Displace w/ 27 1/2 bbls Fresh water. Final pump in Pressure 700*. Bump Plug 1200* wait 2 min Release Pressure. Plug held Good cement Return to surface 12 bbl to Pit.
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	4.26	168.00
1131	150 sks	60/40 Pozmix Cement	13.18	1977.00
1118B	1032*	Gel 8%	.22	227.04
1107A	150*	Phenoseal 1" per/sk	1.35	202.50
1126A	50 sks	Thickset cement	20.16	1008.00
1110A	250*	Kol Seal 5" per/sk	.46	115.00
1107A	100*	2" phenoseal per/sk	1.35	135.00
5407	9.2 ton	Ton mileage Bulk Trucks 667-611*	MIX X2	736.00
4404	1	4 1/2 Rubber Plug	47.25	47.25
5501C	3 hrs	Water Transport	120.00	360.00
1123	5000 gallons	CITY WATER	17.30/1000	86.50
1118B	2200*	Pallet Gel	.22	484.00
1103	100*	Caustic Soda	1.69	169.00
1121	100*	Soda Ash	.89	89.00
1105	180*	Cotton Seed Hulls	.46	82.80
			SubTotal	6972.09
			SALES TAX 7.15%	330.54
			ESTIMATED TOTAL	7302.63

completed

Ravin 3737

AUTHORIZATION Ronald West 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.

RIG 6 DRILLING CO. INC

P O BOX # 227
IOLA, KS 66749

R.K. (Bud) Sifers
(620) 365-6294

John J. Barker
(620) 365-7806

INVOICE #: 30607
COMPANY Piqua Petro, inc
ADDRESS: 1331 Xylan rd.
Piqua, KS 66761

DATE: 11/15/2013
LEASELight 9-13
COUNWoodson
WELL 9-13
API #: 15-207-28,644

ORDERED BY: Greg

SERVICE	RATE	UNITS	
Location Pit Charge		1	N/A
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	1674'	\$16,740.00
Circulating	\$250.00 Per Hr	4	N/C
Drill Stem Test	\$250.00 Per Hr		N/C
Logging	\$250.00 Per Hr		N/C
Core Samples	%500.00 Per Run		N/A
Water Hauling	\$40.00 Per Hr		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	4	\$500.00
Rigging Up	\$250.00 Per Hr	1	N/C
Rigging Down	\$250.00 Per Hr	1	N/C
Other	\$250.00 Per Hr		N/C
Fuel Assess.			
Move Rig			
* Material Provided:			
Cement	\$8.00 Per Sx	20	\$160.00
Sample Bags	\$28.00 Per Box		n/c

TOTAL AMOUNT

~~\$17,400.00~~
\$17,400.00

REMIT TO:

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

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

Handwritten initials and marks at the bottom of the page.

RIG 6 DRILLING CO. INC

P O BOX # 227
IOLA, KS 66749

R.K. (Bud) Sifers
(620) 365-6294

John J. Barker
(620) 365-7806

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

LEASE: Light 9-13
COUNTY: Woodson
LOCATION 2470'FNL/ ????
1/24/14e

COMMENCED: 11/11/13 #####
COMPLETED: 11/14/13 #####
WELL #: 9-13
API#: 15-207-28,644
STATUS: Oil Well
TOTAL DEPTH: 1674'-6 3/4"
CASING: 40'-8 5/8" cmt w/ 20 sx
1668'-4 1/2" Consol. Cmt

DRILLER'S LOG

2	soil & clay
35	Cl w/ sa
42	Sh
63	Ls
75	Sh
77	Ls
108	Sh
122	LS
262	Sh
280	LS
301	Sh
312	LS
401	Sh w/ ls strks
500	LS w/ sh strks
522	Sh
547	Ls
561	Sh
910	Ls w/ sa ls
1220	Shw/ls strks
1229	Sa w/ sh (good odor& show)
1270	Sh w/ sa sh
1589	Sh w/ sa sh
1609	Ls (Miss)
1611	Ls sa NO/NS
1625	Ls
1630	Sa ls, lt odor
1674	Ls T.D.