



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1183957
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: _____

1183957

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> <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 #: 15-207-28586-00-00
Operator: Piqua Petro Inc.	Lease: Light
Address: 1331 Xylan Rd Piqua, KS 66761	Well #: 6-13
Phone: (620) 433-0099	Spud Date: 12-12-13 Completed: 12-16-13
Contractor License: 34036	Location: NE-SE-SE-NE of 1-24S-14E
T.D. : 1277 T.D. of Pipe: 1273	3090 Feet From South
Surface Pipe Size: 7" Depth: 40'	170 Feet From East
Kind of Well: Oil	County: Woodson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
5	Soil	0	5	19	Lime	787	806
13	Lime	5	18	3	Black Shale	806	809
21	Shale	18	39	28	Lime	809	837
8	Lime	39	47	147	Shale	837	984
27	Shale	47	74	4	Lime	984	988
42	Lime	74	116	20	Shale	988	1008
18	Sand	116	134	10	Lime	1008	1018
11	Lime	134	145	70	Shale	1018	1088
52	Shale	145	197	5	Lime	1088	1093
4	Lime	197	201	17	Shale	1093	1110
5	Shale	201	206	4	Lime	1110	1114
4	Lime	206	210	2	Black Shale	1114	1116
163	Shale	210	373	11	Shale	1116	1127
21	Lime	373	394	5	Lime	1127	1132
13	Shale	394	407	15	Shale	1132	1147
17	Lime	407	424	2	Lime	1147	1149
4	Shale	424	428	4	Shale	1149	1153
19	Lime	428	447	4	Black Shale	1153	1157
7	Shale	447	454	3	Lime	1157	1160
30	Lime	454	484	2	Black Shale	1160	1162
16	Shale	484	500	3	Shale	1162	1165
77	Lime	500	577	12	Oil Sand	1165	1177
17	Shale	577	594	31	Shale	1177	1208
90	Lime	594	684	1	Lime	1208	1209
25	Shale	684	709	2	Shale	1209	1211
3	Lime	709	712	1	Lime	1211	1212
47	Shale	712	759	8	Oil Sand	1212	1220
62	Lime	759	781	57	Shale	1220	1277
6	Shale/Black Shale	781	787				



Leis Oil Services, LLC

1410 150th Rd
Yates Center, KS 66783

Invoice

Date	Invoice #
1/21/2014	1019

Bill To
Piqua Petro, Inc. 1331 Xylan Rd Piqua, KS 66761

P.O. No.	Terms	Project
	Due on receipt	

Quantity	Description	Rate	Amount
1,081	Wingrave 72-13	6.25	6,756.25
1	Drill Pit	100.00	100.00
10	Cement for Surface	11.60	116.00
2	Clearing trees for locations 72 and 77	45.00	90.00
1,082	Wingrave 76-13	6.25	6,762.50
1	Drill Pit	100.00	100.00
10	Cement for Surface	11.60	116.00
1,070	Wingrave 77-13	6.25	6,687.50
1	Drill Pit	100.00	100.00
10	Cement for Surface	11.60	116.00
1,232	Conger 3-13	6.25	7,700.00
1	Drill Pit	100.00	100.00
10	Cement for Surface	11.60	116.00
1,277	Light 6-13	6.25	7,981.25
1	Drill Pit	100.00	100.00
10	Cement for Surface	11.60	116.00
1	Made crossing across slough to get to location.	45.00	45.00
1,282	Light 10-13	6.25	8,012.50
1	Drill Pit	100.00	100.00
10	Cement for Surface	11.60	116.00
1,254	Woods Ellis 21-13	6.25	7,837.50
1	Bit charge for Mississippi	600.00	600.00
1	Drill Pit	100.00	100.00
8	Cement for Surface	11.60	92.80
1,242	Woods Ellis 23-13	6.25	7,762.50
1	Drill Pit	100.00	100.00
1	Bit Charge for Mississippi	600.00	600.00
1	Pulled Consolidated around the Wingrave and smoothed ruts after 76-13.	65.00	65.00



CONSOLIDATED
Oil Well Services, LLC

264852

TICKET NUMBER 45809

LOCATION Eureka

FOREMAN Steve Mearl

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
12-17-12	4950	Light # 6-13				Wagoner
CUSTOMER Pigna Petroleum			TRUCK #			
MAILING ADDRESS 1732 Xylan Rd			DRIVER			
CITY Pigna			TRUCK #			
STATE Ks			DRIVER			
ZIP CODE 66761			TRUCK #			
			DRIVER			
			TRUCK #			
			DRIVER			

JOB TYPE L/S Q HOLE SIZE _____ HOLE DEPTH 1277' CASING SIZE & WEIGHT _____
 CASING DEPTH 1273 DRILL PIPE _____ TUBING 2 3/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 7.376bbls DISPLACEMENT PSI 700+ MIX PSI Bump plus 1200+ RATE _____

REMARKS: Safety Meeting: Rig up to 2 3/8 Tubing. Breaks circulation w/ Fresh water. Mix 300# Gel flush + 5 bbls water spacer. Mix 160 SKS 60/40 w/ 5# Kal-Seal 4% Gel + 1% Cacl2. Shut down washout pump + lines. STAFF 2 plugs. Displace w/ 7.376bbls Freshwater. Final pumping Pressure 700+ Bump plus 1200+ Good Cement Return to Surface. 7 bbl TO P.T. Shut well in 500'. 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	-	MILEAGE <u>N/K</u>	-	-
1131	160 SKS	60/40 Pozmix Cement	13.18	2108.80
1110A	800#	Kal-Seal 5# per/sk	.46	368.00
1118B	550#	Gel 4%	.22	121.00
1102	135#	Cacl2 1%	.78	105.30
1118B	300#	Gel flush	.22	66.00
5407A	6.88 ton	Ton mileage Bulk	1.41	388.03
5502c	3 hrs	800bbl Vacuum Truck	90.00	270.00
1123	2500 gallons	Circulator	17.29/1000	43.23
41402	2	2 3/8 Rubber <input checked="" type="checkbox"/> completed	29.50	59.00
		Sub Total		4614.38
		SALES TAX	2.15	205.30
		ESTIMATED TOTAL		4819.68

win 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.



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

1st well

TICKET NUMBER 57555
FIELD TICKET REF # 48955
LOCATION Thayer
FOREMAN Beth Busby

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-30-13		Light 6-13	1	24S	14E	WO
CUSTOMER Pigua Petro. Inc			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS			476 Josh 489790 Cody			
CITY STATE ZIP CODE			490 Donnie			
			478 Mark Matt			
			521 Mark			
			618795 Josh Joe			
			6797102 Junior			

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE 2 7/8 X 4.5	BACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
1167-1183 (34)	Squiggles
1211-28 (36)	

TYPE OF TREATMENT
Acidspt + Frac w/acid OTE

CHEMICALS
Kelsub-Biocide - Breaker
Acid-Inhibitor - Stim Oil

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI
PAD	25	20			BREAKDOWN 1325
11-30		20	5-1.0	500#	START PRESSURE
12-20		20	1.0		END PRESSURE
12-20			2.0	4000#	BALL OFF PRESS
12-20 (20) + (5)			.5		ROCK SALT PRESS
12-20			1.0	4,000	ISIP 600
12-20 (5) + (10)			2.0	5000 #	5 MIN
12-20 (7) + (10)			1.5	4500 #	10 MIN
12-20			1.0		15 MIN
12-20			2.0	4,000#	MIN RATE
FLUSH CASING 20					MAX RATE
Release balls to T.D.			TOTAL	14,000#	DISPLACEMENT 17.5
OVERFLUSH 10			SAND		7.2
TOTAL BBL'S	340				

REMARKS:
Spotted 100 gal - 15% HCL acid on perfs loaded 75 ball
Blend 250 gal raw HCL acid OTE dropped 62 in. frac

Location 3:15 PM - 4:45 PM 50 miles

AUTHORIZATION customer unavailable TITLE B.B. DATE 12-30-13

Terms and Conditions are printed on reverse side.