



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1183965  
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: \_\_\_\_\_

1183965

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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# LEIS OIL SERVICES

1410 150th Rd. • Yates Center, Kansas 66783 • (620) 212-0752



<b>Operator License #:</b> 30345		<b>API #:</b> 15-207-28645-00-00	
<b>Operator:</b> Piqua Petro Inc.		<b>Lease:</b> Light	
<b>Address:</b> 1331 Xylan Rd Piqua, KS 66761		<b>Well #:</b> 10-13	
<b>Phone:</b> (620) 433-0099		<b>Spud Date:</b> 12-17-13 <b>Completed:</b> 12-18-13	
<b>Contractor License:</b> 34036		<b>Location:</b> NW-SE-SE-NE of 1-24S-14E	
<b>T.D. :</b> 1282	<b>T.D. of Pipe:</b> 1277	3105	<b>Feet From</b> South
<b>Surface Pipe Size:</b> 7"	<b>Depth:</b> 40'	630	<b>Feet From</b> East
<b>Kind of Well:</b> Oil		<b>County:</b> Woodson	

## LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
12	Soil	0	12	27	Lime	817	844
12	Lime	12	24	147	Shale	844	991
28	Shale	24	52	3	Lime	991	994
14	Lime	52	66	22	Shale	994	1016
18	Shale	66	84	9	Lime	1016	1025
13	Lime	84	97	69	Shale	1025	1093
108	Shale	97	205	5	Lime	1093	1098
4	Lime	205	209	17	Shale	1098	1115
6	Shale	209	215	4	Lime	1115	1119
5	Lime	215	220	2	Black Shale	1119	1121
163	Shale	220	383	11	Shale	1121	1132
18	Lime	383	401	5	Lime	1132	1137
12	Shale	401	413	15	Shale	1137	1152
19	Lime	413	432	2	Lime	1152	1154
4	Shale	432	436	6	Shale	1154	1160
21	Lime	436	457	2	Black Shale	1160	1162
5	Shale	457	462	2	Lime	1162	1164
119	Lime	462	581	5	Shale	1164	1169
17	Shale	581	598	10	Oil Sand	1169	1179
66	Lime	598	664	32	Sandy Shale	1179	1211
22	Shale	664	686	1	Lime	1211	1212
4	Lime	686	690	3	Shale	1212	1215
26	Shale	690	716	2	Lime	1215	1217
6	Lime	716	722	8	Oil Sand	1217	1225
44	Shale	722	766	57	Shale	1225	1282
20	Lime	766	786				
8	Shale/Black Shale	786	794				
20	Lime	794	814				
3	Black Shale	814	817				

# Invoice



Leis Oil Services, LLC  
 1410 150th Rd  
 Yates Center, KS 66783

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



**CONSOLIDATED**  
Oil Well Services, LLC

264935

TICKET NUMBER 45812

LOCATION Eureka

FOREMAN Soren Mead

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
12/19/13	4950	Light #10-13				Woodson
CUSTOMER Pigua Petroleum			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1331 Xylan Rd			485	Alan		
CITY Pigua			671	Joey		
STATE KS			637	Jim		
ZIP CODE						

JOB TYPE \_\_\_\_\_ HOLE SIZE \_\_\_\_\_ HOLE DEPTH 1282' CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH 1277 DRILL PIPE \_\_\_\_\_ TUBING 2 3/8 OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 740 bbls DISPLACEMENT PSI 700+ MIX PSI Bump Plug 1200 RATE \_\_\_\_\_

REMARKS: Safety Meeting. Rig up to 2 3/8 Tubing. Break Circulation w/ 1 bbls Fresh Water. Mix 300# Gel Flush & 5 bbl water spacer. Mix 160 sks 60/40 Perm Cement w/ 5# Kal-Seal, 4% Gel, 1% CaCl2. Shutdown Washout pump & lines. Loaded 2 plugs in tubing. Displace w/ 240 bbls Freshwater. Final Pumping Pressure 700+ Bump Plug to 1200#. Shut well in 500#. Good cement Returns to surface 7 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	4.20	168.00
1131	160 sks	60/40 Perm Cement	13.78	2108.80
1110A	800#	Kal-Seal 5# per 100	.46	368.00
1118B	550#	Gel 4%	.22	121.00
1102	175#	CaCl2 1%	.78	105.30
1118B	300#	Gel Flush	.22	66.00
5407	6.89	Ten mileage Bulkruck	1.41	388.03
5502C	3hrs	50 bbl vacuum Truck	90.00	270.00
1123	2500 gallons	CITY Water	12.30/1000	43.25
4402	2	2 3/8 Rubber Plug	29.50	59.00
		<input checked="" type="checkbox"/> completed	Sub Total	4782.38
		7.15%	SALES TAX	205.30
			ESTIMATED TOTAL	4987.68

Ravin 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 conditions of service on the back of this form are in effect for services identified on this form.



**CONSOLIDATED**  
Oil Well Services, LLC

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

TICKET NUMBER 57563  
FIELD TICKET REF # 48939  
LOCATION Thayer  
FOREMAN Brett Busby

**TREATMENT REPORT  
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-2-14	4950	Light #10-13				WO

CUSTOMER  
Piqua Petroleum Inc

MAILING ADDRESS

CITY STATE ZIP CODE

\* Safety meeting attendees

TRUCK #	DRIVER	TRUCK #	DRIVER
476	Josh	679T102	Junior
490	Donnie	680T221	Stan
478	Mark		
582	Matt		
424	Eric		
618T95	Joe		

**WELL DATA**

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 7/8 8EMU</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>1171-81 (21)</u>	<u>Squicrel</u>
<u>1184-94 (21)</u>	
<u>1216.5-26.5 (21)</u>	

**TYPE OF TREATMENT**  
Acid spot + Frac w/acid OTF

**CHEMICALS**  
Kalsub-Bigcide-Breaker  
Acid-Inhibitor-StimOil

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAD	25	20			1250	BREAKDOWN 1225
16-30		20		500 #	1300	START PRESSURE
12-20 (5)	drop balls	20		1,500 #		END PRESSURE
12-20 (5) (5)	balls		1,000 #	1,000 #		BALL OFF PRESS
12-20 (5) (5)	early + frequent to minimize extension		1,000 #	1,000 #		ROCK SALT PRESS
12-20 (5) (5)			1,000 #	1,000 #		ISIP 600
12-20 (5) (5)				1,500 #		5 MIN
12-20 (5) (5)				1,500 #		10 MIN
12-20 (5) (5)				1,500 #		15 MIN
FLUSH CASING	10			1,000 #	3600	MIN RATE
Release balls to T.D.			TOTAL	11,500 #		MAX RATE
OVERFLUSH	10		SAND			DISPLACEMENT 7.1
TOTAL BBL'S	283					

REMARKS: held safety-procedure meeting before frac job  
Spotted 100 gal 15% HCl acid on perfs loaded 75 bioballs  
Blend 200 gal raw HCl acid OTF for treating psi  
location 9:30 AM - 10:45 AM 50 miles

AUTHORIZATION \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 1-3-14

Terms and Conditions are printed on reverse side.