



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1183971  
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: \_\_\_\_\_

1183971

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

<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> <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

Operator License #: 30345	API #: 15-207-28800-00-00
Operator: Piqua Petro, Inc.	Lease: Conger
Address: 1331 Xylan Rd Piqua, KS 66761	Well #: 3-13
Phone: (620) 433-0099	Spud Date: 12-10-13 Completed: 12-11-13
Contractor License: 34036	Location: NW-SW-SE-NE of 14-24-15E
T.D. : 1232 T.D. of Pipe: 1227 Size: 2.875"	3340 Feet From South
Surface Pipe Size: 7" Depth: 40'	825 Feet From East
Kind of Well: Oil	County: Woodson

## LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
6	Soil/Clay	0	6	3	Black Shale	1116	1119
9	Sandstone	6	15	1	Lime	1119	1120
122	Shale	15	137	4	Shale	1120	1124
10	Lime	137	147	12	Oil Sand	1124	1136
168	Shale	147	315	30	Shale	1136	1166
51	Lime	315	366	1	Lime	1166	1167
5	Shale	366	371	2	Shale	1167	1169
58	Lime	371	429	1	Lime	1169	1170
10	Shale	429	439	10	Oil Sand	1170	1180
168	Lime	439	607	52	Shale	1180	1232
50	Shale	607	657				
4	Lime	657	661				
6	Shale	661	667				
70	Lime	667	737				
7	Shale/Black Shale	737	744				
22	Lime	744	766				
5	Black Shale	766	771				
26	Lime	771	797				
175	Shale	797	972				
10	Lime	972	982				
60	Shale	982	1042				
2	Lime	1042	1044				
5	Shale	1044	1049				
9	Lime	1049	1058				
12	Shale	1058	1070				
4	Lime	1070	1074				
33	Shale	1074	1107		T.D.		1232
5	Lime	1107	1112		T.D. of Pipe		1227
4	Shale	1112	1116				

# 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
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

264762

TICKET NUMBER 45804  
LOCATION Eureka  
FOREMAN Stevenson

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
12-12-13	4930	Conger #3-23	14	243	15E	Woodson
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			485	Alan		
CITY			667	Zevi		
STATE			637	Jim		
ZIP CODE						

JOB TYPE 4/s 0 HOLE SIZE \_\_\_\_\_ HOLE DEPTH 1232' CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH 1226' DRILL PIPE \_\_\_\_\_ TUBING 2 7/8 OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 2256bbls DISPLACEMENT PSI 500\* MIX PSI Bump Plug 1000\* RATE \_\_\_\_\_

REMARKS: Safety Meeting. Rig up to 2 7/8 tubing. Break circulation w/ Fresh water. Mix 300# Gel Flush + 5bbl water spacer. Mix 150 sks 60/40 Poz mix w/ 5# Kal Seal per/sk 4% Gel, 1# phenaseal per/sk. Shut down wash mix pump & lines. Stuff 2 plugs. Displace w/ 2.15bbls fresh water. Final pump pressure 500\* Bump Plug 1000\* Shut well in 500\* Good cement Return to surface 5bbls 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	150 sks	60/40 Poz mix Cement	13.18	1977.00
110A	750#	Kal Seal 5# per/sk	.46	345.00
1118D	500#	Gel 4%	.22	110.00
1102	130#	Cactz 1%	.78	101.40
1118C	300#	Gel Flush	.22	66.00
5407	6.45 ton	Ton mileage Bulk Truck	mic	368.00
4402	2	2 7/8 Rubber Plug	29.50	59.00
55025	3 hrs	50 bbl Vacuum Truck	70.00	270.00
1123	2500 gallons	CITY WATER	19.25	43.25
			<input checked="" type="checkbox"/> completed	
			Sub Total	4592.65
			SALES TAX 7.15%	193.18
			ESTIMATED TOTAL	4785.83

Revin 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



**CONSOLIDATED**  
Oil Well Services, LLC

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

4TH Well

TICKET NUMBER 57547  
FIELD TICKET REF # 48932  
LOCATION Thayer  
FOREMAN Brett Busby

**TREATMENT REPORT  
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-19-13		Conger 3-13				WO
CUSTOMER						
Piqua Petroleum Inc						
MAILING ADDRESS						
CITY STATE ZIP CODE						
TRUCK # DRIVER TRUCK # DRIVER						
476 Josh						
490 Donnie						
478 Tim						
582 Matt/Larry						
618T95 Joe						
489T90 Cody						

**WELL DATA**

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE 2 1/8 DEUF	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
1177-37 (21)	Squirrel
1170-80 (21)	

**TYPE OF TREATMENT**

Acidspot + frac

**CHEMICALS**

KCSUB-Biocide-Breaker  
Acid-Inhibitor-StimOil

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI
PAID	25	20			BREAKDOWN 2625
16-30		20		100#	START PRESSURE
12-20					END PRESSURE
12-20 Bio balls		20		3900#	BALL OFF PRESS
12-20 (10)+(5)		20			ROCK SALT PRESS
12-20 (5)					ISIP 625
12-20 (5)+(5)		15		4,000#	5 MIN
12-20 (5)		15			10 MIN
12-20 (5)		15		4,000#	15 MIN
FLUSH CASING	10	15			MIN RATE
Release balls to T.D.			TOTAL	12,000#	MAX RATE
OVERFLUSH	10	20	SAND		DISPLACEMENT 6.9
TOTAL BBS	300				

REMARKS:

Spotted 100 gal -15% HCL acid on perfs

Blend 200 gal raw HCL acid OTF w/ball drops

Location 1:15 PM - 2:00 PM 50 miles

AUTHORIZATION customer unavailable B.P. TITLE \_\_\_\_\_ DATE 12-19-13

Terms and Conditions are printed on reverse side.