



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1183986
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: _____

1183986

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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LEIS OIL SERVICES

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



Operator License #: 30345	API #: 15-207-28736-00-00
Operator: Piqua Petro, Inc.	Lease: Wingrave
Address: 1331 Xylan Rd Piqua, KS 66761	Well #: 72-13
Phone: (620) 433-0099	Spud Date: 11-21-13 Completed: 11-25-13
Contractor License: 34036	Location: NW-SW-NE-NW of 16-24-16E
T.D. : 1081 T.D. of Pipe: 1078 Size: 2.875"	825 Feet From South
Surface Pipe Size: 7" Depth: 42'	1550 Feet From East
Kind of Well: Oil	County: Woodson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
10	Soil/Clay	0	10	15	Shale	932	947
4	Gravel/Sand	10	14	5	Lime	947	952
132	Shale	14	146	8	Shale	952	960
47	Lime	146	193	2	Black Shale	960	962
5	Shale	193	198	6	Shale	962	968
136	Lime	198	334	14	Oil Sand	968	982
16	Shale	334	350	29	Shale	982	1011
66	Lime	350	416	1	Lime	1011	1012
61	Shale	416	477	3	Shale	1012	1015
80	Lime	477	557	2	Lime Streaks	1015	1017
8	Shale/Black Shale	557	565	5	Oil Sand	1017	1022
22	Lime	565	587	59	Shale	1022	1081
4	Black Shale	587	591				
25	Lime	591	616				
164	Shale	616	780				
4	Lime	780	784				
21	Shale	784	805				
10	Lime	805	815				
58	Shale	815	873				
3	Lime	873	876				
4	Shale	876	880				
4	Lime	880	884				
6	Shale	884	890				
4	Lime	890	894				
12	Shale	894	906				
4	Lime	906	910				
2	Black Shale	910	912		T.D.		1081
15	Shale	912	927		T.D. of Pipe		1078
5	Lime	927	932				



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 Field Services, LLC

264385

TICKET NUMBER 45250
LOCATION Eureka
FOREMAN Steve Neal

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
11-26-13	4950	Wingrave 72-13				Woodson
CUSTOMER Pigua Petroleum			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 1331 Xylan Rd			485 Alan			
CITY STATE ZIP CODE Pigua KS 66761			667 Colby			
			637 Chris			

JOB TYPE LS HOLE SIZE _____ HOLE DEPTH 1081' CASING SIZE & WEIGHT _____
CASING DEPTH 1028' DRILL PIPE _____ TUBING 2 7/8 OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 6 1/4 bbls DISPLACEMENT PSI 600* MIX PSI Bump Plug 1200* RATE _____

REMARKS: Soft Meeting: Rig up to 2 7/8 Tubing. Break circulation w/ Fresh water. Pump 300* Gel Flush * 5 bbls water spacer. Mix 140 sks 60/40 Poz mix cement w/ 5* Kal-seal, 4% Gel & 1% CaCl2. Shut down. Wash out pump & lines. Stuff 2 plugs. Displace w/ 6 1/4 bbls Fresh water. Final pumping pressure 600* Bump Plug 1200*. Shut well in by 500*. Good Cement Returns to surface 6 bbls 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
1121	140sks	60/40 Poz mix Cement	13.18	1845.30
1110A	700*	Kal Seal 5* per/sk	.46	322.00
112813	480*	Gel 4%	.22	105.60
1102	120*	CaCl2 1%	.78	93.60
112813	300*	Gel Flush	.22	66.00
5407	2.02 Ton	Ton mileage Bulk Truck	177.00	368.00
4402	2	2 7/8 Rubber Plug	29.50	59.00
5302C	3hrs	Sobbi Vacuum Truck	90.00	270.00
1123	2500 gallons	CITY WATER	17.30/1000	43.25
completed			Subtotal	4423.65
			SALES TAX	181.22
			ESTIMATED TOTAL	4606.87

Flavin 3737

AUTHORIZATION Called By Matt Leis TITLE Driller DATE _____

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



CONSOLIDATED
Oil Well Services, LLC

PO Box 4, Chanute, KS 66720
620-431-9210 or 800-467-8676

1st well 11

TICKET NUMBER 57544
FIELD TICKET REF # 48882
LOCATION Thayer
FOREMAN Brett Busby

TREATMENT REPORT
FRAC & ACID

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-19-13		Wingrave 72-13	16	24S	16E	WO
CUSTOMER Pigua Petro Inc			* Safety meeting attendees			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			476	Josh	6791102	Junior
STATE			490	Donnie	T90	Cody
ZIP CODE			482	Mark	T91	George
			582	Harry R.		
			424	Wes		
			618T95	Joe		

WELL DATA	
CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE 2 7/8 S&W	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
967-82 (32)	Squirrel (5)
1016-25 (19)	

TYPE OF TREATMENT
Acid spot 7 frac
CHEMICALS
KCL SUB Biocide - Breaker
Acid - Inhibitor - Stim Oil

STAGE	BBL'S PUMPED	INJ RATE	PROPANT PPG	SAND / STAGE	PSI
PAID	25	20			BREAKDOWN 2300
16-30		20		300 #	START PRESSURE
12-20		20			END PRESSURE
12-20				3700 #	BALL OFF PRESS
12-20 (10) + (5) Bioballs		20-17			ROCK SALT PRESS
12-20 + (3) + (2)		17-12			ISIP 800
12-20 150* comm. to existing prod.		18		2000 #	5 MIN
12-20 (10) + (2)		8-12			10 MIN
12-20		12-15		1500 #	15 MIN
12-20					MIN RATE
FLUSH CASING 10	15				MAX RATE
Release balls to T.D.			TOTAL	7,500 #	DISPLACEMENT 6.0
OVERFLUSH 10	20		SAND		
TOTAL BBL'S	240				

REMARKS: * hold safety-procedure meeting before fracs
Spotted 100 gal -15% HCL acid on perfs
Blended 250 gal raw HCL acid OFF w/ball drops
& treating PSI
Location 9:30AM - 10:15 PM 50 miles

AUTHORIZATION customer unavailable B.B. TITLE _____ DATE 12-19-13

Terms and Conditions are printed on reverse side.