



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1184005
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: _____

1184005

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: 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 #: 15-207-28803-00-00
Operator: Piqua Petro, Inc.	Lease: Wingrave
Address: 1331 Xylan Rd Piqua, KS 66761	Well #: 76-13
Phone: (620) 433-0099	Spud Date: 12-2-13 Completed: 12-3-13
Contractor License: 34036	Location: SE-SW-SE-NW of 16-24-16E
T.D. : 1082 T.D. of Pipe: 1079 Size: 2.875"	2970 Feet From South
Surface Pipe Size: 7" Depth: 42'	3465 Feet From East
Kind of Well: Oil	County: Woodson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
4	Soil/Clay	0	4	33	Shale	982	1015
14	Sandstone	4	18	1	Lime	1015	1016
141	Shale	18	159	3	Shale	1016	1019
189	Lime	159	348	1	Lime	1019	1020
12	Shale	348	360	13	Oil Sand	1020	1033
75	Lime	360	435	49	Shale	1033	1082
53	Shale	435	488				
77	Lime	488	565				
8	Shale/Black Shale	565	573				
21	Lime	573	594				
3	Black Shale	594	597				
26	Lime	597	623				
191	Shale	623	814				
9	Lime	814	823				
61	Shale	823	884				
4	Lime	884	888				
3	Shale	888	891				
13	Lime	891	904				
11	Shale	904	915				
4	Lime	915	919				
2	Black Shale	919	921				
12	Shale	921	933				
7	Lime	933	940				
12	Shale	940	952				
6	Lime	952	958				
4	Shale	958	962				
3	Black Shale	962	965		T.D.		1082
9	Shale	965	974		T.D. of Pipe		1078
8	Oil Sand	974	982				



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

264579

TICKET NUMBER 45272

LOCATION Eureka

FOREMAN Steve 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
12-4-13	4950	Wingraue # 76-13				Woodson
CUSTOMER <u>Pigna Petroleum</u>			TRUCK #			
MAILING ADDRESS <u>1331 Xylan Rd</u>			DRIVER			
CITY <u>Pigna</u>			TRUCK #			
STATE <u>KS</u>			DRIVER			
ZIP CODE <u>66761</u>			TRUCK #			
			DRIVER			

JOB TYPE L/S 0 HOLE SIZE _____ HOLE DEPTH 1078 CASING SIZE & WEIGHT _____
 CASING DEPTH 1074' DRILL PIPE _____ TUBING 2 3/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 6 1/4 bbls DISPLACEMENT PSI 700* ^{Bump} MAX PSI 1200* RATE _____

REMARKS: Safety Meeting: Rig up to 2 3/8 tubing. Break circulation w/ Fresh water. Pump 300* Gel Flush & 5 bbl water spacer mix 140 sks 60/40 Poz mix cement w/ 5* Kal-Seal 4% Gel & 1% Caclz. Shut down. Wash out pump & lines. Staff 2 plugs. Displace w/ 6 1/4 bbls Freshwater. Final pumping Pressure 700* Bump Plug to 1200*. Shut well in w/ 500* Good Cement Return To Surface. 6 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	1405ks	60/40 Poz mix Cement	13.18	1845.20 ✓
1110A	700*	Kal-Seal 5* per/sk	.46	322.00 ✓
1118B	480*	Gel 4%	.22	105.60 ✓
1102	180*	Caclz 1%	.52	93.60 ✓
111813	300*	Gel Flush	.22	66.00 ✓
4402	2	2 3/8 Rubber Plugs	29.50	59.00 ✓
5502C	2 hr	80 bbl vacuum Truck	90.00	180.00 ✓
1123	2500 gallons	CITY WATER	17.30/1000	43.25 ✓
5407	6.02 Ton	Ton mileage Bulk Truck		368.00 ✓
			SCANNED	
			Sub Total	4335.65 ✓
			SALES TAX 2.15%	181.22 ✓
			ESTIMATED TOTAL	4516.87 ✓

WHS 3737

AUTHORIZATION Called by Matt Leis TITLE Driller 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.



CONSOLIDATED
Oil Well Services, LLC

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

2nd well

TICKET NUMBER 57545
FIELD TICKET REF # 48882
LOCATION Thayer
FOREMAN Brett Busby

**TREATMENT REPORT
FRAC & ACID**

INJ.

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-19-13		Wingrave 76-13	16	24	16	WO
CUSTOMER		Piqua Petroleum Inc				
MAILING ADDRESS						
CITY	STATE	ZIP CODE				

TRUCK #	DRIVER	TRUCK #	DRIVER
476	Josh		
490	Donnie		
482	Mark		
582	Larry R		
424	Wes		
489190	Cody		

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 1/8 8EUC</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>1019-34 (32)</u>	<u>Squirrel</u>

TYPE OF TREATMENT

Acid spot + frac

CHEMICALS

Kalsub-Biocide + Breaker
Acid-Inhibitor - Stim Oil

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAID	20	20				BREAKDOWN <u>2/100</u>
16-30		20	1.5-1.0	300#		START PRESSURE
12-20 (5) Bioballs		20	2.0			END PRESSURE
12-20			1.5	300#		BALL OFF PRESS
12-20 (5)			2.0			ROCK SALT PRESS
12-20			1.5	300#		ISIP <u>550</u>
12-20 (5)			0			5 MIN
12-20		20	1.5	300#		10 MIN
12-20		18	0			15 MIN
12-20 (5)	20	18	1.5	300#		MIN RATE
12-20		18				MAX RATE
FLUSH CASING	10	19				DISPLACEMENT <u>6.0</u>
Release balls to T.D.			TOTAL	1,500#		
OVERFLUSH	10	20	SAND			
TOTAL BBL'S	105					

REMARKS:
Spotted 75 gal -15% HCL acid on perfs
Blended 50 gal - raw HCL acid OTF

Location 10:30 AM - 11:30 AM 50 miles

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

Terms and Conditions are printed on reverse side.