



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1184011
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: _____

1184011

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"/> Commingled <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 #: 15-207-28802-00-00
Operator: Piqua Petro, Inc.	Lease: Wingrave
Address: 1331 Xylan Rd Piqua, KS 66761	Well #: 77-13
Phone: (620) 433-0099	Spud Date: 12-3-13 Completed: 12-4-13
Contractor License: 34036	Location: NE-NE-SE-NW of 16-24-16E
T.D. : 1070 T.D. of Pipe: 1066 Size: 2.875"	3795 Feet From South
Surface Pipe Size: 7" Depth: 42'	2805 Feet From East
Kind of Well: Oil	County: Woodson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
6	Soil/Clay	0	6	9	Shale	952	961
7	Sand	6	13	10	Oil Sand	961	971
134	Shale	13	147	31	Shale	971	1002
27	Lime	147	174	1	Lime Streak	1002	1003
3	Shale	174	177	3	Shale	1003	1006
231	Lime	177	408	2	Lime	1003	1005
17	Shale	408	425	11	Oil Sand	1008	1019
2	Lime	425	427	51	Sandy Shale	1019	1070
40	Shale	427	467				
86	Lime	467	553				
6	Shale/Black Shale	553	559				
23	Lime	559	582				
3	Black Shale	582	585				
25	Lime	585	610				
190	Shale	610	800				
10	Lime	800	810				
60	Shale	810	870				
3	Lime	870	873				
4	Shale	873	877				
16	Lime	877	893				
9	Shale	893	902				
3	Lime	902	905				
2	Black Shale	905	907				
12	Shale	907	919				
6	Lime	919	925				
15	Shale	925	940				
5	Lime	940	945		T.D.		1070
4	Shale	945	949		T.D. of Pipe		1066
3	Black Shale	949	952				



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
CEMENT SERVICES, LLC

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

264608

TICKET NUMBER 45801
LOCATION Eureka
FOREMAN Steve Mead

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-6-13	4950	Wingrave 77-13				Woodson
CUSTOMER Pigua Petroleum			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 1331 Xylan Rd			445 Chris B			
CITY STATE ZIP CODE Pigua KS 66761			611 Tony			
			637 Jim			

JOB TYPE LS 0 HOLE SIZE _____ HOLE DEPTH 1080' CASING SIZE & WEIGHT _____
 CASING DEPTH 1066' DRILL PIPE _____ TUBING 2 3/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 674 bbls DISPLACEMENT PSI 500* MIX-PER Bump Plug 1000* RATE _____

REMARKS: Safety Meeting: Rig up to 2 3/8 Tubing. Break Circulation w/ Fresh Water. Pump 300* Gel Flush + 5 bbls water spacer. Mix 140 sks 60/40 Pozmix Cement w/ 5* Kol-Seal per/sk 4% Gel + 1% CaCl2. Shut down. Wash out Pump + Lines. STUFF 2 plugs. Displace w/ 674 bbls Fresh water. Final Pumping Pressure 500* Bump Plug 1000* Shut well in 500*. Good cement Returns to surface 6 bbl TAPIT. Tub 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	140 sks	60/40 Pozmix Cement	13.18	1845.20
1110A	700*	Kol-Seal 5* per/sk	.46	322.00
1118B	480*	Gel 4%	.22	105.60
1102	180*	CaCl2 1%	.28	93.60
1118B	300*	Gel Flush	.22	66.00
5407	6.0270n	Tan Mileage Bulk Truck	mic	368.00
4402	2	2 3/8 Rubber Plug	29.50	59.00
5502C	3 hrs	80 bbl vacuum Trucks	90.00	270.00
1123	3000 gallon	CITY WATER	17.39/1000	51.90
			SubTOTAL	4434.30
			SALES TAX <u>7.13%</u>	181.84
			ESTIMATED TOTAL	4616.14

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 account records, at our office, and conditions of service on the back of this form are in effect for services identified on this for



CONSOLIDATED
Oil Well Services, LLC

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

3RD well

TICKET NUMBER 57546
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 77-13	16	245	16E	WO
CUSTOMER Pigua Petroleum Inc			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			476	Josh	618T95	Joe
CITY			490	Donnie		
STATE			482	Mark		
ZIP CODE			582	Larry R		
			424	Wes		
			618T91	George		

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 1/8 BEUE</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>960-974 (30)</u>	<u>Squiccel</u>
<u>1007-1022 (32)</u>	

TYPE OF TREATMENT

Acid spot + Frac

CHEMICALS

KCL SUB-Bioxide - Breaker
Acid-Inhibitor - Stim Oil

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI
PAID	20	20			BREAKDOWN <u>2275</u>
16-30		20		300#	START PRESSURE
12-20 <u>BIOBA-5</u>		20		2700#	END PRESSURE
12-20 <u>(10)+(5)+(5)</u>		20			BALL OFF PRESS
12-20		20		3,000#	ROCK SALT PRESS
12-20 <u>(5)+(5)</u>		18			ISIP <u>600</u>
12-20		18		3,000#	5 MIN
12-20 <u>(7)+(3)+(5)</u>		18-12			10 MIN
12-20 <u>+ (5)</u>		12-15			15 MIN
12-20 <u>(5)</u>		15		3,000#	MIN RATE
FLUSH CASING	10	15			MAX RATE
Release balls to T.D.			TOTAL	12,000	DISPLACEMENT <u>6.0</u>
OVERFLUSH	10	20	SAND		
TOTAL BBL'S	255				

REMARKS:

Spotted 100 gal - 15% HCL acid on perfs
Blend 200 gal raw HCL acid off w/ ball drops
& for treating psil

Location 11:30 AM - 12:45 PM 50.1 miles

AUTHORIZATION customer unavailable TITLE _____ DATE 12-19-13

Terms and Conditions are printed on reverse side.