



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1188678
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: _____

1188678

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

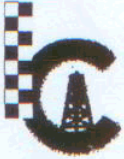


1410 150th Rd. • Yates Center, Kansas 66783 • (620) 212-0752

Operator License #: 30345	API #: 15-207-28824-00-00
Operator: Piqua Petro, Inc.	Lease: Woods-Ellis
Address: 1331 Xylan Rd Piqua, KS 66761	Well #: 23-13
Phone: (620) 433-0099	Spud Date: 01-7-14 Completed: 01-17-14
Contractor License: 34036	Location: SW-SW-SW-SW of 5-24-17E
T.D. : 1242 T.D. of Pipe: 1240 Size: 2.875"	170 Feet From South
Surface Pipe Size: 7" Depth: 36'	170 Feet From West
Kind of Well: Oil	County: Woodson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
19	Soil/Clay	0	19	2	Lime	810	812
8	Gravel	19	27	39	Shale	812	851
60	Shale	27	87	1	Lime	851	852
21	Lime	87	108	1	Shale	852	853
62	Shale	108	170	2	Lime	853	855
94	Lime	170	264	6	Oil Sand	855	861
81	Shale	264	345	314	Shale	861	1175
62	Lime	345	407	1	Coal	1175	1176
3	Shale/Black Shale	407	410	13	Shale	1176	1189
23	Lime	410	433	10	Lime	1189	1199
3	Black Shale	433	436	3	Oil Break	1199	1202
22	Lime	436	458	4	Lime	1202	1206
170	Shale	458	628	1	Oil Break	1206	1207
5	Lime	628	633	35	Shale	1207	1242
19	Shale	633	652				
10	Lime	652	662				
58	Shale	662	720				
4	Lime	720	724				
5	Shale	724	729				
11	Lime	729	740				
13	Shale	740	753				
4	Lime	753	757				
2	Black Shale	757	759		T.D.		1242
12	Shale	759	771		T.D. of Pipe		1240
9	Lime	771	780				
16	Shale	780	796				
8	Lime	796	804				
2	Black Shale	804	806				
4	Shale	806	810				



CONSOLIDATED
Oil Well Services, LLC

265272

TICKET NUMBER 45823
LOCATION Eureka
FOREMAN Steve Mene

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
1-8-14	4950	Woodellis 23-13				Woodson
CUSTOMER Pigua Petroleum			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1331 Xylan Rd			485	Alan		
CITY Pigua			479	Seth + Merle		
STATE KS		ZIP CODE 66761				

JOB TYPE Surface HOLE SIZE _____ HOLE DEPTH 35 CASING SIZE & WEIGHT 7"
CASING DEPTH 34' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 1.360 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting: Rig up to 7" casing. Break circulation w/ Freshwater. Wash down 10'. Mix 255lb Class A Cement w/ 3% Cacl2, 2% Gel + 1/2" Flo-Cele per 100. Displace w/ 1.360lb Freshwater Shut well in. Good cement Return to Surface. Job Complete Rig down.

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	870.00	870.00 ✓
5406	40	MILEAGE	4.20	168.00 ✓
11045	255sk	Class A Cement	15.70	398.50 ✓
1102	140*	3% Cacl2	.78	109.20 ✓
1118B	100*	2% Gel	.22	22.00 ✓
1197	12 1/2*	Flo-celc 1/2" per 100	2.47	30.88 ✓
5407	1.18 Tsn	Tsn mileage Bulk Truck	mic	368.00 ✓
			<input checked="" type="checkbox"/> completed	
			Sub Total	1960.58
			SALES TAX	39.65 ✓
			ESTIMATED TOTAL	2000.23 ✓

Ravin 3737

AUTHORIZATION  TITLE _____ 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



265454

TICKET NUMBER 45197

LOCATION Eureka

FOREMAN Steve Mend

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
1-17-14	4950	Wood Ellis 23-13				Woodson
CUSTOMER Pigua Petroleum			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 1331 Xylan Rd						
CITY Pigua		STATE KS	ZIP CODE 66761			

JOB TYPE W/S HOLE SIZE _____ HOLE DEPTH 1248' CASING SIZE & WEIGHT _____
 CASING DEPTH 1241 DRILL PIPE _____ TUBING 2 3/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING _____
 DISPLACEMENT 7186bbls DISPLACEMENT PSI 400# Bump Plug 1200# MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up to 2 3/8 Tubing. Break Circulation w/ Fresh Water Mix 1250* Gel + Circulate around Tubing for 1hr. Mix 25 slks Thickset Cement w/ 5* Kal-seal + 1" phenoseal 20/sk. Shut down washout pump + line stuff 2 plugs. Displace w/ 7186bbls Freshwater. Final pumping pressure 400# Bump Plug to 1200#. Shut well in w/ 500#. Good Circulation while doing job. 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 ✓
5466	40	MILEAGE	4.20	168.00 ✓
1126A	25 slks	Thick set cement	20.16	504.00 ✓
1110A	125*	Kal-Seal	.46	57.50 ✓
1107A	25*	Phenoseal	1.35	33.75 ✓
5407	1.37 ton	Ton mileage Bulk Truck	MIC	368.00 ✓
1118B	1250*	Gel. (Gel up well)	.22	275.00 ✓
5502C	3 1/2 hrs	80 bbl vacuum truck	90.00	315.00 ✓
1183	3000 gallon	CITY WATER	17.34/1000	51.90 ✓
4402	2	2 3/8 Rubber Plugs	29.50	59.00 ✓
			Sub Total	2917.15 ✓
			SALES TAX 2.15%	70.15 ✓
			ESTIMATED TOTAL	2987.30 ✓

Revin 3737

AUTHORIZATION [Signature]

TITLE _____

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

Kepley Well Service, LLC

19245 Ford Road
Chanute, KS 66720

Greg Lair
Piqua Petro
1331 Xylan Road
Piqua, KS 66761

Date	Invoice #
1/28/2014	48414

Woods East New Well
Woodson County
23-13

Terms	Due Date
	1/28/2014

Description	Qty	Rate	Amount
Pulling Unit 1-20-14 Wait on pipeline to backfill trench. Run pipe down outside to 760', fill with cement. Pull half pipe, fill up, pull rest of pipe. Top off.	3	100.00	300.00T
Pump Charge	1	500.00	500.00T
Cement	126	10.00	1,260.00T
Vacuum Truck	2.5	85.00	212.50T
Sales Tax		7.15%	162.48

Total	\$2,434.98
Payments/Credits	\$0.00
Balance Due	\$2,434.98