



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1196179
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: _____

1196179

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"/> 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 #: 15-207-28828-00-00
Operator: Piqua Petro, Inc.	Lease: Hammond E
Address: 1331 Xylan Rd Piqua, KS 66761	Well #: 67-14
Phone: (620) 433-0099	Spud Date: 1-22-14 Completed: 1-29-14
Contractor License: 34036	Location: NW-SW-NW-NE of 8-24-16E
T.D. : 1109 T.D. of Pipe: 1105 Size: 2.875"	830 Feet From North
Surface Pipe Size: 7" Depth: 42'	2470 Feet From East
Kind of Well: Oil	County: Woodson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
4	Soil	0	4	4	Lime	941	945
4	Sand/Gravel	4	8	3	Black Shale	945	948
177	Shale	8	185	32	Shale	948	980
54	Lime	185	239	4	Lime	980	984
18	Shale	239	257	2	Shale	984	986
119	Lime	257	376	3	Black Shale	986	989
18	Shale	376	394	19	Shale	989	1008
74	Lime	394	468	10	Broken Oil Sand	1008	1018
15	Shale	468	483	22	Oil Sand	1018	1040
7	Lime	483	490	3	Broken Oil Sand	1040	1043
10	Shale	490	500	17	Oil Sand	1043	1060
3	Lime	500	503	59	Shale	1060	1109
23	Shale	503	526				
44	Lime	526	570				
12	Shale	570	582				
18	Lime	582	600				
7	Shale/Black Shale	600	607				
21	Lime	607	628				
6	Shale/Black Shale	628	634				
25	Lime	634	659				
161	Shale	659	820				
2	Lime	820	822				
24	Shale	822	846				
10	Lime	846	856				
53	Shale	856	909				
2	Lime	909	911				
4	Shale	911	915		T.D.		1109
13	Lime	915	928		T.D. of Pipe		1105
13	Shale	928	941				



CONSOLIDATED
Oil Well Services, LLC

265789

TICKET NUMBER 45201

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
1-25-14	4950	Hammond 267-13				Woodson
CUSTOMER Pigua Petroleum			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 1331 Xylan Rd						
CITY Pigua		STATE KS	ZIP CODE			

JOB TYPE <u>145 a</u>	HOLE SIZE	HOLE DEPTH <u>1109</u>	CASING SIZE & WEIGHT
CASING DEPTH <u>1105'</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING
DISPLACEMENT <u>6.40 bbls</u>	DISPLACEMENT PSI <u>700*</u>	MIX-PSI plug <u>1200*</u>	RATE

REMARKS: Safety Meeting. Rig up to 2 3/8 Tubing. Break circulation w/ Fresh water Pump 300* Gal Flush * 5 bbls water spacer. Mix 145 sks 60/40 Poz mix Cement w/ 5* Kol-seal, 4% Gal + 1% Calc. Shut down. Wash out pump & Lines. Stuff 2 plug. Displace w/ 6.40 bbls Fresh water. Final pumping Pressure 700* Bump Plug 1200*. Shut well in 500*. Good Cement Returns to surface. 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	145 sks	60/40 Poz mix Cement	1318	1911.10 ✓
1110A	700*	Kol-seal 5% per 100	.46	322.00 ✓
1118B	420*	Gal 4%	.22	103.40 ✓
1102	120*	Calc 1%	.78	93.60 ✓
1118B	300*	Gal Flush	.22	66.00 ✓
5407	6.23 run	For mileage Bulk Truck	M/S	368.00 ✓
3502C	3 hrs	8000 Vacuum Truck	90.00	270.00 ✓
1123	2500 gallons	CITY water	17.30/1000	43.25 ✓
4402	2	2 3/8 Rubber Plug	29.50	59.00 ✓
		<input checked="" type="checkbox"/> completed		
		Subtotal		4489.35 ✓
		SALES TAX		185.77
		ESTIMATED TOTAL		4675.12

Ravin 3737

AUTHORIZATION [Signature]

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 form.

Leis Oil Services, LLC

1410 150th Rd
Yates Center, KS 66783

Invoice

Date	Invoice #
3/22/2014	1020

Bill To
Piqua Petro, Inc. 1331 Xylan Rd Piqua, KS 66761

P.O. No.	Terms	Project
	Due on receipt	

Quantity	Description	Rate	Amount
	Drilling- Hammond E 66-14	6.25	6,950.00
1	Drill Pits	100.00	100.00
10	Cement for Surface	11.60	116.00
	Drilling- Hammond E 67-14	6.25	6,931.25
1	Drill Pit	100.00	100.00
10	Cement for Surface	11.60	116.00
	Drilling- Hammond E 68-14	6.25	6,937.50
1	Drill Pit	100.00	100.00
10	Cement for Surface	11.60	116.00
	Drilling- Hammond E 69-14	6.25	6,893.75
1	Drill Pit	100.00	100.00
10	Cement for Surface	11.60	116.00
	Drilling- Collins Bennett 15-14	6.25	5,550.00
1	Drill Pit	100.00	100.00
8	Cement for Surface	11.60	92.80
	Drilling- Collins Bennett 16-14	6.25	7,562.50
1	Mississippi Drill Charge	600.00	600.00
1	Drill Pit	100.00	100.00
8	Cement for Surface	11.60	92.80
	Drilling- Collins Bennett 17-14	6.25	5,518.75
1	Drill Pit	100.00	100.00
8	Cement for Surface	11.60	92.80
	Drilling- Collins Bennett 18-14	6.25	5,556.25
1	Drill Pit	100.00	100.00
8	Cement for Surface	11.60	92.80
	Drilling- Shannon 3-14	6.25	5,531.25
1	Drill Pit	100.00	100.00
8	Cement for Surface	11.60	92.80
	Drilling- Shannon 4-14	6.25	7,543.75
1	Mississippi Drill Charge	600.00	600.00
1	Drill Pit	100.00	100.00
8	Cement for Surface	11.60	92.80
	Drilling- Shannon 5-14	6.25	5,481.25
1	Drill Pit	100.00	100.00
		Total	



CONSOLIDATED
Oil Well Services, LLC

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

2nd well

TICKET NUMBER 58051
FIELD TICKET REF # 49030
LOCATION Thayer
FOREMAN Brett Busby

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-27-14		Hammond "E" 67814				WO

CUSTOMER Pigna Petroleum		
MAILING ADDRESS		
CITY	STATE	ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
476	Josh	6801221	Stan
490	Larry R		
458	Tim		
521	Eric		
443	Merle		
679102	Junior		

WELL DATA	
CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 7/8</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>1044-60</u>	<u>(34) Squirrel</u>

TYPE OF TREATMENT
<u>Acidspot + frac</u>

CHEMICALS
<u>Biocide - Breaker</u>
<u>Acid - Inhibitor - Stim Oil</u>

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI
PAD	20	20			BREAKDOWN 1300
16-30		20		500#	START PRESSURE
12-20				3500#	END PRESSURE
12-20					BALL OFF PRESS
12-20 (8) + (7)					ROCK SALT PRESS
12-20					ISIP 600
12-20				3,000#	5 MIN
12-20 (8) + (3)		20			10 MIN
12-20 + (2) = (28)		20-14			15 MIN
12-20		14		3,000#	MIN RATE
FLUSH CASING	10	14			MAX RATE
Release balls to T.D			TOTAL	10,000#	DISPLACEMENT 6.0
OVERFLUSH	15	20	SAND		
TOTAL	235				

REMARKS:
Spotted 75 gal - 15% HCL acid loaded 30 balls
Blended 100 gal - raw HCL acid O/F

Location 12:00 PM - 1:00 PM 50 miles

AUTHORIZATION customer left site TITLE _____ DATE 2-27-14

Terms and Conditions are printed on reverse side.