



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1197935  
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: \_\_\_\_\_

1197935

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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



<b>Operator License #:</b> 30345	<b>API #:</b> 15-207-28843-00-00
<b>Operator:</b> Piqua Petro, Inc.	<b>Lease:</b> Hammond E
<b>Address:</b> 1331 Xylan Rd Piqua, KS 66761	<b>Well #:</b> <del>66-14</del> 66-14
<b>Phone:</b> (620) 433-0099	<b>Spud Date:</b> 2-19-14 <b>Completed:</b> 2-21-14
<b>Contractor License:</b> 34036	<b>Location:</b> NW-NW-SW-NE of 8-24-16E
<b>T.D.:</b> 1112 <b>T.D. of Pipe:</b> 1107 <b>Size:</b> 2.875"	500 <b>Feet From</b> North
<b>Surface Pipe Size:</b> 7" <b>Depth:</b> 42'	2470 <b>Feet From</b> East
<b>Kind of Well:</b> Oil	<b>County:</b> Woodson

## LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
16	Soil/Clay	0	16	2	Black Shale	990	992
13	Broken Lime	16	29	11	Shale	992	1003
164	Shale	29	193	10	Shale/Some Sand	1003	1013
53	Lime	193	246	5	Broken Sand/Odor	1013	1018
13	Shale	246	259	5	Oil Sand	1018	1023
207	Lime	259	466	5	Broken Sand/Odor	1023	1028
14	Shale	466	480	32	Oil Sand	1028	1060
4	Lime	480	484	1	Lime	1060	1061
43	Shale	484	527	51	Shale	1061	1112
79	Lime	527	606				
9	Shale/Black Shale	606	615				
20	Lime	615	635				
5	Shale/Black Shale	635	640				
19	Lime	640	659				
166	Shale	659	825				
2	Lime	825	827				
25	Shale	827	852				
7	Lime	852	859				
52	Shale	859	912				
2	Lime	912	914				
2	Shale	914	916				
16	Broken Lime	916	932				
14	Shale	932	946				
4	Lime	946	950				
14	Shale	950	964				
7	Lime	964	971				
11	Shale	971	982		<b>T.D.</b>		<b>1112</b>
4	Lime	982	986		<b>T.D. of Pipe</b>		<b>1107</b>
4	Shale	986	990				

Leis Oil Services, LLC

1410 150th Rd  
Yates Center, KS 66783

# Invoice

Date	Invoice #
3/22/2014	1020

<b>Bill To</b>
Piqua Petro, Inc. 1331 Xylan Rd Piqua, KS 66761

P.O. No.	Terms	Project
	Due on receipt	

Quantity	Description	Rate	Amount
1	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
1	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
1	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
1	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
1	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
1	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
1	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
1	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
1	Drilling- Shannon 3-14	6.25	5,531.25
1	Drill Pit	100.00	100.00
8	Cement for Surface	11.60	92.80
1	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
1	Drilling- Shannon 5-14	6.25	5,481.25
1	Drill Pit	100.00	100.00
		<b>Total</b>	



**CONSOLIDATED**  
Oil Well Services, LLC

*Adollo*

TICKET NUMBER 45854

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
2-21-14	4950	Hammond #65-14				Woodson
CUSTOMER <u>Pigua Petroleum</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>1331 Xylan Rd</u>			<u>485</u>	<u>Chris M</u>		
CITY <u>Pigua</u>			<u>479</u>	<u>Seth</u>		
STATE <u>Ks</u>			<u>637</u>	<u>Merle</u>		
ZIP CODE <u>66761</u>						

JOB TYPE 45 0 HOLE SIZE \_\_\_\_\_ HOLE DEPTH 1113 CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH 1107 DRILL PIPE \_\_\_\_\_ TUBING 2 3/8 OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 640 bbls DISPLACEMENT PSI 500\* Bump plug 1000\* RATE \_\_\_\_\_

REMARKS: Safety Meeting. Rig up to 2 3/8 tubing. Break circulation w/ 5 bbls Fresh Water. Pump 300\* Gel Flush + 5 bbl Water spacer. Mix 145 sks 60/40 Poz mix Cement w/ 5# Kol-seal, 4% Gel + 1% Cacl2. Shut down washout pump & lines. Staff 2 plugs. Displace w/ 6.4 bbls Fresh water. Final pumping Pressure 500\*. Bump Plug 1000\*. 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	145 sks	60/40 Poz mix Cement	13.18	1911.10
1110A	725*	Kol-seal 5# per/sk	.46	332.50
1118B	500*	Gel 4%	.22	110.00
1102	125*	Cacl2 1%	.78	97.50
1118B	300*	Gel/Flush	.22	66.00
5407	6.24700	Tan Mileage	N/C	368.00
55025	3 1/2	80 bbl Vacuum Truck	90.00	315.00
1123	2000 gallons	CITY water	12.79/1000	51.90
4402	2	2 3/8 Rubber Plug	29.50	59.00
			Subtotal	4565.00
			SALES TAX <u>7.15%</u>	187.98
			ESTIMATED TOTAL	4752.98

**completed**

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.



**CONSOLIDATED**  
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720  
320-431-9210 or 800-467-8676

1st well

TICKET NUMBER 57954  
FIELD TICKET REF # 49030  
LOCATION Thayer  
FOREMAN Robb Buehly

**TREATMENT REPORT  
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-27-14		Hammond "E" 66-14	8	24S	16E	WO
CUSTOMER		Safety meeting attendees				
MAILING ADDRESS		TRUCK # DRIVER TRUCK # DRIVER				
CITY STATE ZIP CODE		476 Josh 6797102 Junior				
		490 Larry R 6807221 Stan				
		478 Mark				
		521 Eric				
		443 Merle				
		618795 Joe				

**WELL DATA**

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 7/8 8EUE</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>1046-1060 (30) Squirrel</u>	

**TYPE OF TREATMENT**  
Acid spot + Frac + Acid OIF

**CHEMICALS**  
Biocide - Breaker  
Acid - Inhibitor - Stim Oil

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI
PAD	20	20			BREAKDOWN 1100
16-30		20		500#	START PRESSURE
12-20		20			END PRESSURE
12-20		20		3,500#	BALL OFF PRESS
12-20 (8)+(5)					ROCK SALT PRESS
12-20 + (2)				3,000#	ISIP 600
12-20					5 MIN
12-20 (6)+(2) = (23)					10 MIN
12-20				3,000#	15 MIN
FLUSH CASING 10					MIN RATE
Release balls to T.D.			TOTAL 10,000#		MAX RATE
OVERFLUSH 10		20	SAND		DISPLACEMENT 6.0
TOTAL BBL'S 240					

REMARKS: \* held safety-procedure meeting before fracs  
Spotted 75 gal - 15% HCL acid on perfs  
Blended 100 gal raw HCL acid OIF  
Location 11:00A - 11:40A 50 miles

AUTHORIZATION customer left site TITLE \_\_\_\_\_ DATE 2-27-14

Terms and Conditions are printed on reverse side.