



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1197938  
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: \_\_\_\_\_

1197938

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: <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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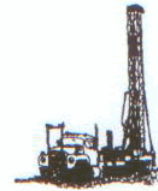
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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# LEIS OIL SERVICES

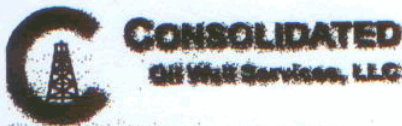
1410 150th Rd. • Yates Center, Kansas 66783 • (620) 212-0752



<b>Operator License #:</b> 30345	<b>API #:</b> 15-207-28841-00-00
<b>Operator:</b> Piqua Petro, Inc.	<b>Lease:</b> Hammond E
<b>Address:</b> 1331 Xylan Rd Piqua, KS 66761	<b>Well #:</b> 68-14
<b>Phone:</b> (620) 433-0099	<b>Spud Date:</b> 2-3-14 <b>Completed:</b> 2-13-14
<b>Contractor License:</b> 34036	<b>Location:</b> SW-SW-NW-NE of 8-24-16E
<b>T.D.:</b> 1110 <b>T.D. of Pipe:</b> 1106 <b>Size:</b> 2.875"	1180 <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	Shale	978	980
8	Lime	16	24	2	Black Shale	980	982
169	Shale	24	193	25	Shale	982	1007
41	Lime	193	234	13	Broken Sand	1007	1020
22	Shale	234	256	39	Oil Sand	1020	1059
209	Lime	256	465	61	Shale	1059	1110
11	Shale	465	476				
6	Lime	476	482				
38	Shale	482	520				
38	Lime	520	558				
21	Shale	558	579				
17	Lime	579	596				
9	Shale/Black Shale	596	605				
21	Lime	605	626				
5	Shale/Black Shale	626	631				
24	Lime	631	655				
161	Shale	655	816				
3	Lime	816	819				
23	Shale	819	842				
8	Lime	842	850				
55	Shale	850	905				
2	Lime	905	907				
3	Shale	907	910				
15	Lime	910	925				
13	Shale	925	938				
3	Lime	938	941				
3	Black Shale	941	944		<b>T.D.</b>		<b>1110</b>
30	Shale	944	974		<b>T.D. of Pipe</b>		<b>1106</b>
4	Lime	974	978				



P.O. Box 884, Chanute, KS 66720  
 20-431-9210 or 800-467-8676

265977

TICKET NUMBER 45206  
 LOCATION Eureka  
 FOREMAN Steve Masal

FIELD TICKET & TREATMENT REPORT  
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-15-14	4950	Hammond 68-14				Woodson
CUSTOMER Pigua Petroleum			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 1331 Xylan Rd.			485 Chris M.			
CITY STATE ZIP CODE Pigua KS 66761			611 Joey			
			637 Jim			

JOB TYPE L/S 0 HOLE SIZE \_\_\_\_\_ HOLE DEPTH 1108' CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH 1105 DRILL PIPE \_\_\_\_\_ TUBING 2 3/8 OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT IN CASING \_\_\_\_\_  
 DISPLACEMENT 6.44 bbls DISPLACEMENT PSI 4100\* PUMP MIX PSI 1600\* RATE \_\_\_\_\_

REMARKS: SOFTY Meeting. Rig up to 2 3/8 tubing. Break circulation by 3 bbls fresh water. Pump 200# Gel Flash + 5 bbl water spacer. Mix 145 lbs 60/40 Pozmix cement by 5# Kol-sal, 4% Gel + 1% Cacl2. Shutdown. Wash out pump + lines stuff 2 plugs. Displace by 6.44 bbls Fresh water Final pumping pressure 400# Bump Plug 1000#. Shut well in 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 lbs	60/40 Pozmix Cement	13.18	1911.10
1100A	200#	Kol-sal 5# per 1SA	.16	32.00
1118B	420#	Gel 420	.22	103.40
1102	120#	Cacl2 1/2	.78	93.60
1118B	300#	Gel Flash	.22	66.00
5407	6.2270 n	Ten Mileage bulk Truck	1725	368.00
5502c	3hrs	80 bbl vacuum truck	92.00	276.00
1123	2500 gallons	CITY WATER	17.79/1000	443.5
4202	2	2 3/8 Rubber Plug <input checked="" type="checkbox"/> completed	29.50	59.00
			SubTotal	4489.35
			SALES TAX	185.77
			ESTIMATED TOTAL	4675.12

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 contract 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

<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
	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
		<b>Total</b>	



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

2nd well

TICKET NUMBER 58057  
FIELD TICKET REF # 49034  
LOCATION Thayer  
FOREMAN Brett Busby

**TREATMENT REPORT  
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-5-14	4950	Hammond "E" 68-14	8	245	16E	W0
CUSTOMER			TRUCK #			
Pigua Petro. Inc.			DRIVER			
MAILING ADDRESS			TRUCK #			
CITY			DRIVER			
STATE			TRUCK #			
ZIP CODE			DRIVER			

WELL DATA	
CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 1/8 8EUE</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>1043-60 (34)</u>	<u>Squirrel</u>

TRUCK #	DRIVER	TRUCK #	DRIVER
476	Josh		
490	Larry R		
482	Mark		
521	Eric		
619791	George		
489790	Cody		

TYPE OF TREATMENT	
<u>Acidspot + frac</u>	
CHEMICALS	
<u>Kelsub - Biocide</u>	<u>- Breaker</u>
<u>Acid-Inhibitor</u>	<u>- StimOil</u>

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI
PAD	20	20			BREAKDOWN <u>1400</u>
16-20 sand		20	1.5-1.0	300#	START PRESSURE
12-20 sand		20	1.0		END PRESSURE
12-20 <u>Bio-balls</u>		1	2.0	3700#	BALL OFF PRESS
12-20 <u>(10)+(5)</u>		↓	1.5		ROCK SALT PRESS
12-20		↓	1.0		ISIP <u>650</u>
12-20		20	2.0	3,000#	5 MIN
12-20 <u>(5)+(5)</u>		18	1.5		10 MIN
12-20 <u>(3)+(2)+(30)</u>		18-20	1.0		15 MIN
12-20		20	2.0	2500#	MIN RATE
FLUSH CASING	10	20			MAX RATE
Release balls to T.D.			TOTAL	9500#	DISPLACEMENT <u>6.2</u>
OVERFLUSH	10	20	SAND		
TOTAL	235				

REMARKS:  
Spotted 75 gal -15% HCL acid on perfs  
Blended 100 gal RAW HCL acid-OIF

Location 10:30AM - 11:30AM 50 miles  
AUTHORIZATION [Signature] TITLE \_\_\_\_\_ DATE 3-5-14

Terms and Conditions are printed on reverse side.