



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1197940
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: _____

1197940

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> <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 #: 15-207-28842-00-00
Operator: Piqua Petro, Inc.	Lease: Hammond E
Address: 1331 Xylan Rd Piqua, KS 66761	Well #: 69-14
Phone: (620) 433-0099	Spud Date: 2-17-14 Completed: 2-18-14
Contractor License: 34036	Location: NW-NW-SW-NE of 8-24-16E
T.D. : 1103 T.D. of Pipe: 1099 Size: 2.875"	1510 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
13	Soil/Clay	0	13	11	Shale	982	993
8	Lime	13	21	7	Broken Oil Sand	993	1000
170	Shale	21	191	18	Shale/Some Sand	1000	1018
38	Lime	191	229	41	Oil Sand	1018	1059
23	Shale	229	252	44	Shale	1059	1103
214	Lime	252	466				
13	Shale	466	479				
6	Lime	479	485				
36	Shale	485	521				
76	Lime	521	597				
8	Shale/Black Shale	597	605				
20	Lime	605	625				
5	Shale/Black Shale	625	630				
24	Lime	630	654				
161	Shale	654	815				
3	Lime	815	818				
23	Shale	818	841				
10	Lime	841	851				
52	Shale	851	903				
2	Lime	903	905				
4	Shale	905	909				
15	Lime	909	924				
12	Shale	924	936				
4	Lime	936	940				
3	Black Shale	940	943				
40	Shale	943	973				
5	Lime	973	978		T.D.		1103
2	Shale	978	980		T.D. of Pipe		1099
2	Black Shale	980	982				



266052

TICKET NUMBER 45853
 LOCATION Eureka
 FOREMAN Steve Mead

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-19-14	4950	Hammond 69-14				Woodson

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Pigua Petroleum	485	Jason Cooper	Chris AA	
	479	Seth		
	637	Jim		

MAILING ADDRESS	CITY	STATE	ZIP CODE
1331 Xylan Rd	Pigua	KS	66761

JOB TYPE LLS 0 HOLE SIZE _____ HOLE DEPTH 1105' CASING SIZE & WEIGHT _____
 CASING DEPTH 1099' DRILL PIPE _____ TUBING 2 3/4 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 6.40 bbls DISPLACEMENT PSI 300* ^{Bump} MIX PSI plug 1000* RATE _____

REMARKS: Safety Meeting. Rig up to 2 3/4 Break Circulation w/ 4 bbls Fresh water
via 300* Gel Flush + 5 bbls water spacer. Mix 145 sks 60/40 Poz mix Cement
Cement w/ 5* Kal-seal, 4% Gel, 1% CaCl2. Shut down wash out pump
lines. Staff 2 plugs. Displace w/ 6.40 bbls Fresh water. Final pumping
Pressure 300* Bump plug 1000*. Shut well in 500'. Circulate Cement
Returns 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 ✓
1171	145 sks	60/40 Poz mix Cement	13.18	1911.10 ✓
1110A	700*	Kal-seal 5* per sk	.46	322.00 ✓
111813	470*	Gel 4%	.22	103.40 ✓
1102	120*	CaCl2 1%	.78	93.60 ✓
111813	300*	Gel Flush	.22	66.00 ✓
5407	6.2375h	Ton Mileage Bulk Trucks	MIC	368.00 ✓
5502C	5 hrs	80 bbl Vacuum Trucks	90.00	450.00 ✓
1123	3000 gallon	CITY WATER	17.30/1000	51.90 ✓
4402	2	2 3/4 Rubber plug	29.50	59.00 ✓
		<input checked="" type="checkbox"/> completed		
			Subtotal	4678.00
		7.15%	SALES TAX	186.39 ✓
			ESTIMATED TOTAL	4864.39 ✓

vin 3737

AUTHORIZATION [Signature] TITLE Drill Log 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

1st well

TICKET NUMBER 58056
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" 69-14	8	245	16E	WO
CUSTOMER Piqua Petroleum Inc		* Safety meeting attendees				
MAILING ADDRESS						
CITY	STATE					

TRUCK #	DRIVER	TRUCK #	DRIVER
476	Josh	489T90	Cody
490	Larry R	679T102	Junior
482	Mark		
521	Eric		
424	Wes		
619T91	George		

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE 2 7/8 SEUE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
1037-58 (42)	Squirrel

TYPE OF TREATMENT
Acid spot + frac w/acid OTF

CHEMICALS
KELSUB - Biocide + Breaker
Acid - Inhibitor - StimO1

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAD	20	20				BREAKDOWN 2100
16-30 sand		20	1.5-1.0	3000#		START PRESSURE
12-20 sand		20	1.0			END PRESSURE
12-20		20	2.0	3700#		BALL OFF PRESS
12-20 (10) + (5)		1	1.5-1.0			ROCK SALT PRESS
12-20		1	1.0			ISIP 575
12-20		20	2.0	3,000#		5 MIN
12-20 (6) + (5)		18	1.5			10 MIN
12-20 + (3)		18-17	1.0			15 MIN
12-20 + (1) (30)		17	2.0	3,000#		MIN RATE
FLUSH CASTING	10	18				MAX RATE
Release balls to T.D.			TOTAL	10,000#		DISPLACEMENT 6.2
OVERFLUSH	10	20	SAND			
TOTAL	225					

REMARKS: * hold safety - procedure meeting before fracs
Spotted 75 gal - 15% HCL acid on perfs
Blend 100 gal raw HCL acid OTF
location 9:30 AM - 10:30 AM 50 miles

AUTHORIZATION [Signature] TITLE _____ DATE 3-5-14

Terms and Conditions are printed on reverse side.