



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1201652
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: _____

1201652

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)* _____

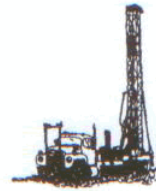
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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 #: 15-001-30924-00-00
Operator: Piqua Petro, Inc.	Lease: Shannon
Address: 1331 Xylan Rd Piqua, KS 66761	Well #: 3-14
Phone: (620) 433-0099	Spud Date: 3-4-14 Completed: 3-5-14
Contractor License: 34036	Location: NW-NE-NW-NW of 14-25-17E
T.D. : 885 T.D. of Pipe: 880 Size: 2.875"	180 Feet From North
Surface Pipe Size: 7" Depth: 22'	800 Feet From West
Kind of Well: Oil	County: Allen

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
4	Soil/Clay	0	4	22	Shale	740	762
16	Broken Lime	4	20	4	Lime	762	766
128	Shale	20	148	5	Shale	766	771
15	Lime	148	163	7	Lime	771	778
7	Shale	163	170	4	Shale	778	782
66	Lime	170	236	3	Black Shale	782	785
49	Shale	236	285	4	Shale	785	789
10	Lime	285	295	4	Lime	789	793
9	Shale	295	304	26	Shale	793	819
7	Lime	304	311	1	Lime	819	820
6	Shale	311	317	9	Oil Sand	820	829
36	Lime	317	353	56	Shale	829	885
9	Shale	353	362				
19	Lime	362	381				
5	Black Shale	381	386				
27	Lime	386	413				
3	Shale	413	416				
30	Lime	416	446				
180	Shale	446	626				
8	Lime	626	634				
64	Shale	634	698				
4	Lime	698	702				
3	Shale	702	705				
4	Lime	705	709				
15	Shale	709	724				
4	Lime	724	728				
5	Shale	728	733		T.D.		885
5	Lime	733	738		T.D. of Pipe		880
2	Black Shale	738	740				

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	6,931.20
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

266316

TICKET NUMBER 45857

LOCATION Fureka

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
3-2-14	4950	3-14 Shannon				Allen
CUSTOMER <u>Pigna Petroleum</u>			TRUCK #			
MAILING ADDRESS <u>1331 xylan Rd</u>			DRIVER			
CITY <u>Pigna</u>			TRUCK #			
STATE <u>Ks</u>			DRIVER			
ZIP CODE <u>66761</u>			TRUCK #			
			DRIVER			

JOB TYPE L/S HOLE SIZE _____ HOLE DEPTH 885' CASING SIZE & WEIGHT _____
 CASING DEPTH 879' DRILL PIPE _____ TUBING 2 7/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 56bls DISPLACEMENT PSI 400* ^{3 in} MIX PSI plug 1000* RATE _____

REMARKS: Safety Meeting Rig up to 2 7/8 tubing. Break circulation w/ 56bls Fresh water. Pump 200* Gel Flush + 56bl water spacer. Mix 120 sks 60/40 100 mix cement w/ 5% Kal-Seal 4% Gel + 1% Cacl2. Shut down wash out pump lines. STUFF 2 plugs, Displace w/ 56bls Freshwater. Final pumping pressure 400*. Pump plug 1000*. Shut well in 500*. Good cement Return to surface 56bl 209IT Job Complete Rig down

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54101	1	PUMP CHARGE	1	1085.00 ✓
54206	45	MILEAGE	4.20	189.00 ✓
1131	120sk	60/40/100 mix cement	13.18	1581.60 ✓
1110A	600*	Kal Seal 5% per/sk	.46	276.00 ✓
111813	400*	Gel 4%	.22	88.00 ✓
1102	100*	Cacl2 1%	.78	78.00 ✓
1118B	200*	Gel flush	.22	44.00 ✓
5407	5.16 Ton	Ton Mileage Bulk Truck	m/c	368.00 ✓
5502C	3 hrs	80 bbl vacuum Truck	90.00	270.00 ✓
1123	2500 gallon	City water	17.30/1000	43.25 ✓
4402	2	2 7/8 Rubber plug	29.50	59.00 ✓
		Total 4842.42		4081.85
		30% 630.06		620.28
		Total 3622.36		3461.57
		(cement 7.40% x chem.)		114.67
				3576.24

completed

Ravin 3737

AUTHORIZATION _____ 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
620-431-9210 or 800-467-8676

TICKET NUMBER 58047
FIELD TICKET REF # 49049
LOCATION Thayer
FOREMAN Brett Busby

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-18-14		Shannon 3-14				AL
CUSTOMER						
Pigua Petro Inc.						
MAILING ADDRESS						
CITY		STATE	ZIP CODE			

TRUCK #	DRIVER	TRUCK #	DRIVER
476	Larry R	619T91	George
490	Cody		
482	Mark		
582	Matt		
493	Wes		
679T102	Junior		

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>820-30 (2)</u>	<u>Squirrel</u>

TYPE OF TREATMENT
Acid spot + frac

CHEMICALS
Kesub-Biocide - Breaker
Acid-Inhibitor - StimOil

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAD	20	20			1350	BREAKDOWN 1600
16-30 sand		20	1.5-1.0	100#		START PRESSURE
12-20 sand		20	1.5			END PRESSURE
12-20	Binoballs	↓	2.0	3400#	1250	BALL OFF PRESS
12-20 (6+4)		↓	1.5		1650	ROCK SALT PRESS
12-20		20	1.0		1700	ISIP 650
12-20		20	2.0	2,000#		5 MIN
12-20 (3)+(2)		19-16	1.5		2350	10 MIN
12-20	(15)	16	1.0			15 MIN
12-20		17	2.0	2,000#		MIN RATE
FLUSH CASING	5	18			2000	MAX RATE
Release balls to T.D.			TOTAL	7500#		DISPLACEMENT 4.8
OVERFLUSH	10	20	SAND		1500	
TOTAL BBL'S	190					

REMARKS: * hold safety - procedure meeting before frac
 Spotted 75 gal -15% HCL acid on perfs
 Blend 150 gal RAW HCL acid OTF for treating psi + ball drops

Location 2:00AM - 10:00AM 35 miles

AUTHORIZATION [Signature] TITLE _____ DATE 3-18-14

Terms and Conditions are printed on reverse side.