



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1208784
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: _____

1208784

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

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, LLC
 1410 150th Rd
 Yates Center, KS 66783

Invoice

Date	Invoice #
5/4/2014	1023

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

P.O. No.	Terms	Project
	Due on receipt	

Quantity	Description	Rate	Amount
1,262	Little Kramer 2-13	6.25	7,887.50
1	Mississippi Bit Charge	600.00	600.00
1	Drill Pit	100.00	100.00
15	Cement for surface	11.60	174.00
1,273	Little Kramer 3-14	6.25	7,956.25
1	Mississippi Bit Charge	600.00	600.00
1	Drill pit	100.00	100.00
10	Cement for surface	11.60	116.00
1,245	Diebolt 4-13	6.25	7,781.25
1	Mississippi bit charge	600.00	600.00
1	Drill pit	100.00	100.00
8	Cement for surface	11.60	92.80
1,273	Diebolt 5-14	6.25	7,956.25
1	Mississippi bit charge	600.00	600.00
1	Drill pit	100.00	100.00
8	Cement for surface	11.60	92.80
1,209	Shannon 7-14	6.25	7,556.25
1	Mississippi bit charge	600.00	600.00
1	Drill Pit	100.00	100.00
8	Cement for surface	11.60	92.80
1,100	Shannon 9-14	6.25	6,875.00
1	Drill pit	100.00	100.00
8	Cement for surface	11.60	92.80
1,117	Shannon 11-14	6.25	6,981.25
1	Drill pit	100.00	100.00
8	Cement for surface	11.60	92.80
1,118	Shannon 10-14	6.25	6,987.50
1	Drill Pit	100.00	100.00
8	Cement for surface	11.60	92.80
7	Pulling 3-26-14 Diebolt(2hr), Shannon(3hr), Collins Bennett (2hr)	65.00	455.00
8	Pulling 3-27-14 Sovodoba (8hrs)	65.00	520.00
8	Pulling 3-31-14 Woods Ellis (3hr) Wingrave (3hr) Hammond E (2hr)	65.00	520.00
10	Pulling 4-1-14 Hammond E (10hr)	65.00	650.00
7	Pulling 4-7-14 Hammond E (1.5hr) Stranghorner (5.5hr)	65.00	455.00
Total			



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 26712

Invoice Date: 04/07/2014 Terms: 0/30/10,n/30

Page 1

LAIR, GREG
DBA: PIQUA PETRO INC
1331 XYLAN ROAD
PIQUA KS 66761
(620)468-2681

LITTLE FRAMER 3-14
5220000832
04-02-2014
KS

Part Number	Description	Qty	Unit Price	Tota
1126A	THICK SET CEMENT	25.00	20.1600	504.0
1110A	KOL SEAL (50# BAG)	125.00	.4600	57.5
1107A	PHENOSEAL (M) 40# BAG)	25.00	1.3500	33.7
1118B	PREMIUM GEL / BENTONITE	1250.00	.2200	275.0
1123	CITY WATER	3000.00	.0173	51.9
4402	2 1/2" RUBBER PLUG	2.00	29.5000	59.0

Sublet Performed	Description	Tota
9996-170	CEMENT MATERIAL DISCOUNT	-261.0

Description	Hours	Unit Price	Tota
445 CEMENT PUMP	1.00	1085.00	1085.0
445 EQUIPMENT MILEAGE (ONE WAY)	45.00	4.20	189.0
611 MIN. BULK DELIVERY	1.00	368.00	368.0
637 80 BBL VACUUM TRUCK (CEMENT)	4.00	90.00	360.0

*pd 4-18-14
30845*

Amount Due 3053.30 if paid after 04/17/2014

Parts:	981.15	Freight:	.00	Tax:	51.48	AR	2773.5
Labor:	.00	Misc:	.00	Total:	2773.55	5% d sat	138.65
Sublt:	-261.08	Supplies:	.00	Change:	.00		2634.8

Signed _____

Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-8822 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-26

Kepley Well Service, LLC

19245 Ford Road
Chanute, KS 66720

Date	Invoice #
5/28/2014	49687

Greg Lair
Piqua Petro
1331 Xylan Road
Piqua, KS 66761

Lil Kramer - New Well #3
Woodson County

#3-14

Terms	Due Date
	5/28/2014

Description	Qty	Rate	Amount
Pulling Unit 5-16-14 Run in pipe to 730', pull up.	2	100.00	200.00T
Pulling Unit 5-19-14 Cement up outside; pull half of pipe, top off well. Pull pipe and wash clean.	3	100.00	300.00T
Pump Charge	1	500.00	500.00T
Vacuum Truck	3	85.00	255.00T
Cement	105	10.00	1,050.00T
Sales Tax		7.15%	164.81

Total	\$2,469.81
Payments/Credits	\$0.00
Balance Due	\$2,469.81



LEIS OIL SERVICES

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



Scanned

Operator License #: 30345	API #: 15-207-28869-00-00
Operator: Piqua Petro, Inc.	Lease: Little Kramer
Address: 1331 Xylan Rd Piqua, KS 66761	Well #: 3-14
Phone: (620) 433-0099	Spud Date: 03-31-14 Completed: 04-02-14
Contractor License: 34036	Location: SW-NE-NE-NW of 16-24-17E
T.D. : 1273 T.D. of Pipe: 1269 Size: 2.875"	360 Feet From North
Surface Pipe Size: 7" Depth: 32'	2470 Feet From West
Kind of Well: Oil	County: Woodson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
23	Soil/Clay	0	23	5	Lime	794	799
9	Sand/Gravel	23	32	16	Shale	799	815
41	Lime	32	73	6	Lime	815	821
105	Shale	73	178	4	Shale	821	825
20	Lime	178	198	3	Black Shale	825	828
12	Shale	198	210	3	Shale	828	831
9	Lime	210	219	4	Lime	831	835
6	Shale	219	225	364	Shale	835	1199
59	Lime	225	284	1	Coal	1199	1200
61	Shale	284	345	7	Shale	1200	1207
76	Lime	345	421	19	Lime	1207	1226
8	Shale/Black Shale	421	429	1	Lime/Odor	1226	1227
19	Lime	429	448	5	Lime	1227	1232
5	Shale/Black Shale	448	453	3	Lime/Odor/Bleed	1232	1235
25	Lime	453	478	6	Lime	1235	1241
135	Shale	478	613	1	Lime/Odor	1241	1242
8	Lime	613	621	31	Lime	1242	1273
22	Shale	621	643				
5	Lime	643	648				
13	Shale	648	665				
10	Lime	665	675				
75	Shale	675	750				
4	Lime	750	754		T.D.		1273
2	Shale	754	756		T.D. of Pipe		1269
9	Lime	756	765				
10	Shale	765	775				
4	Lime	775	779				
2	Black Shale	779	781				
13	Shale	781	794				