



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1214921
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: _____

1214921

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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Kepley Well Service, LLC

19245 Ford Road
Chanute, KS 66720

Greg Lair
Piqua Petro
1331 Xylan Road
Piqua, KS 66761

Date	Invoice #
5/28/2014	49683

Diebolt - Southwest Well
Woodson County
6-14

Handwritten: May 17/14

Terms	Due Date
	5/28/2014

Description	Qty	Rate	Amount
Pulling Unit 5-20-14 Run pipe down outside, cement. Pull half of pipe. Pump cement to surface, pull rest of pipe. Wash clean.	3	100.00	300.00T
Pump Charge	1	500.00	500.00T
Vacuum Truck	3	85.00	255.00T
Cement	143	10.00	1,430.00T
Sales Tax		7.15%	177.68

Handwritten: PD 6-3-14
30944

Total	\$2,662.68
Payments/Credits	\$0.00
Balance Due	\$2,662.68

Leis Oil Services, LLC

1410 150th Rd
Yates Center, KS 66783

Invoice

Date	Invoice #
6/1/2014	1026

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

P.O. No.	Terms	Project
	Due on receipt	

Quantity	Description	Rate	Amount
1	Drill Pit	100.00	100.00
8	Cement for Surface	11.60	92.80
1,238	Drilling Diebolt 6-14	6.25	7,737.50
1	Mississippi Bit Charge	600.00	600.00
1	Drill Pit	100.00	100.00
8	Cement for Surface	11.60	92.80
878	Drilling Shannon 13-14	6.25	5,487.50
1	Drill Pit	100.00	100.00
8	Cement for Surface	11.60	92.80
874	Drilling Shannon 12-14	6.25	5,462.50
1	Drill Pit	100.00	100.00
8	Cement for Surface	11.60	92.80
879	Drilling Shannon 14-14	6.25	5,493.75
1	Drill Pit	100.00	100.00
8	Cement for Surface	11.60	92.80
865	Shannon 15-14	6.25	5,406.25
1	Drill Pit	100.00	100.00
8	Cement for Surface	11.60	92.80
1,222	Diebolt 7-14	6.25	7,637.50
1	Mississippi Bit Charge	600.00	600.00
1	Drill Pit	100.00	100.00
8	Cement for Surface	11.60	92.80
3	Making crossing through stream on Diebolt (3hours)	45.00	135.00
		Total	\$39,909.60



LEIS OIL SERVICES



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

Operator License #: 30345	API #: 15-207-28899-00-00
Operator: Piqua Petro, Inc.	Lease: Diebolt
Address: 1331 Xylan Rd Piqua, KS 66761	Well #: 6-14
Phone: (620) 433-0099	Spud Date: 05-14-14 Completed: 05-15-14
Contractor License: 34036	Location: SE-NW-SE-SE of 15-24-17E
T.D. : 1238 T.D. of Pipe: 1235 Size: 2.875"	700 Feet From South
Surface Pipe Size: 7" Depth: 22'	4350 Feet From West
Kind of Well: Oil	County: Woodson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
6	Soil/Clay	0	6	13	Sand/Shale	851	864
5	Shale	6	11	337	Shale	864	1101
18	Lime	11	29	2	Lime	1101	1103
118	Shale	29	147	60	Shale	1103	1163
14	Lime	147	161	2	Coal	1163	1165
9	Shale	161	170	9	Shale	1165	1174
74	Lime	170	244	4	Lime/Odor	1174	1178
78	Shale	244	322	6	Oil Break	1178	1184
68	Lime	322	390	1	Lime	1184	1185
9	Shale/Black Shale	390	399	4	Oil Break	1185	1189
21	Lime	399	420	49	Lime	1189	1238
3	Shale/Black Shale	420	423				
24	Lime	423	447				
167	Shale	447	614				
4	Lime	614	618				
20	Shale	618	638				
9	Lime	638	647				
68	Shale	647	715				
3	Lime	715	718				
15	Shale	718	733				
18	Lime	733	751				
16	Shale	751	767				
13	Lime	767	780		T.D.		1238
9	Shale	780	789		T.D. of Pipe		1235
4	Lime	789	793				
11	Shale/Black Shale	793	804				
4	Lime	804	808				
41	Shale	808	849				
2	Lime	849	851				



CONSOLIDATED
Oil Well Services, LLC

268226

TICKET NUMBER 45953
LOCATION Euclid
FOREMAN Jeremy R Austin

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
5/16/14	4950	Diebolt 6-14				Woodson
CUSTOMER Piana Pet			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1331 xylan			485	Zevi		
CITY Piana			667	Seth		
STATE KS			637	Merle		
ZIP CODE 66761						

JOB TYPE LS HOLE SIZE 5 5/8 HOLE DEPTH 1238 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 1235 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.6 SLURRY VOL 8.2 WATER gal/sk 9.02 CEMENT LEFT in CASING _____
 DISPLACEMENT 7.1 DISPLACEMENT PSI 200 MIX PSI 100 RATE 2-4 barrel per min.

REMARKS:
 Safety meeting, Hooked up to 2 7/8 tubing break circulation through mixer mixed 25' sks of GEL (1250 lbs) circulated GEL for 1 hour, pumped 25' sks of Cement shut down washed ~~with water~~ unhooked hose washed pump & lines to pit Hooked back up to 2 7/8 tubing pumped 2-2 7/8 rubber plugs to TD of tubing (Displaced 7.1 bbl's) landed plugs @ 850 lbs bleed back to 500 lbs and shut it in with valve.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	45	MILEAGE	4.20	189.00
5407	1	min Bulk Delivery	368.00	368.00
1126	25' sks	Thicket Cement	20.16	504.00
1110A	125 #	Kolseal	.46	57.50
1107A	25 #	Pheno	1.35	33.75
1118 B	1250 #	Gel	.22	275.00
5502	3 Hrs	80 JAC	90.00	270.00
1123	3000	City water	17.30	51.90
4402	2	RUBBER Plugs	29.50	59.00
				2893.15
		30% Discount		-261.07
				2632.08
		SALES TAX		51.48
		ESTIMATED TOTAL		2683.56

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 contract, are as stated on the back of this form.