



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1215860  
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: \_\_\_\_\_

1215860

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:  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

<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> _____ <i>(Submit ACO-4)</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> 15-001-31081-00-00
<b>Operator:</b> Piqua Petro, Inc.	<b>Lease:</b> Shannon
<b>Address:</b> 1331 Xylan Rd, Piqua, KS 66761	<b>Well #:</b> 13-14
<b>Phone:</b> (620) 433-0099	<b>Spud Date:</b> 5-19-14 <b>Completed:</b> 5-20-14
<b>Contractor License:</b> 34036	<b>Location:</b> NW-NW-NE-NW of 14-25-17E
<b>T.D. :</b> 878 <b>T.D. of Pipe:</b> 876 <b>Size:</b> 2.875"	165 <b>Feet From</b> North
<b>Surface Pipe Size:</b> 7" <b>Depth:</b> 22'	1450 <b>Feet From</b> West
<b>Kind of Well:</b> Oil	<b>County:</b> Allen

## LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
3	Soil and Clay	0	3	4	Shale	772	776
12	Lime	3	15	3	Black Shale	776	779
131	Shale	15	146	2	Shale	779	781
21	Lime	146	167	4	Lime	781	785
7	Shale	167	174	24	Shale	785	809
53	Lime	174	227	1	Lime	809	810
8	Shale	227	235	12	Oil Sand	810	822
2	Lime	235	237	56	Shale	822	878
36	Shale	237	273				
11	Lime	273	284				
15	Shale	284	299				
71	Lime	299	370				
6	Shale/Black Shale	370	376				
28	Lime	376	404				
5	Shale/Black Shale	404	409		T.D. of Pipe		876
31	Lime	409	440		T.D.		878
174	Shale	440	614				
11	Lime	614	625				
67	Shale	625	692				
5	Lime	692	697				
3	Shale	697	700				
19	Lime	700	719				
6	Shale	719	725				
4	Lime	725	729				
2	Black Shale	729	731				
21	Shale	731	752				
5	Lime	752	757				
7	Shale	757	764				
8	Lime	764	772				

Leis Oil Services, LLC

1410 150th Rd  
Yates Center, KS 66783

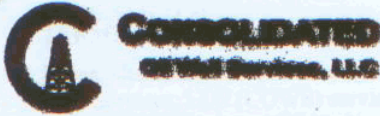
# Invoice

Date	Invoice #
6/1/2014	1026

<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
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
		<b>Total</b>	<b>\$39,909.60</b>



268372

TICKET NUMBER 45957

LOCATION Eureka

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
5/21/14	4950	Shannon 13-14				Allen
CUSTOMER <u>Piqua Petroleum</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			690	Sean		
CITY			667	Jeremy		
STATE			453-130	Colby		
ZIP CODE			445	Sory		

JOB TYPE <u>L/S</u>	HOLE SIZE <u>5 5/8</u>	HOLE DEPTH <u>878</u>	CASING SIZE & WEIGHT
CASING DEPTH <u>876</u>	DRILL PIPE	TUBING <u>2 7/8</u>	OTHER
SLURRY WEIGHT <u>13.6</u>	SLURRY VOL	WATER gal/sk <u>8.6</u>	CEMENT LEFT in CASING
DISPLACEMENT <u>5'</u>	DISPLACEMENT PSI <u>400</u>	MIX PSI <u>800</u>	RATE

REMARKS: Safety meeting, Rig up to well head 2 7/8 tubing break Circulation pumped 200<sup>ft</sup> of Gel with 5 bbl spacer then pumped 120 SKS of 60/40 Poz mix Cement ~~shut down~~ shut down put two plugs in 2 7/8 tubing washed pump & lines then Displaced 5 bbl pump PSI 400<sup>ft</sup> loaded plug At 800<sup>ft</sup> released back to 500<sup>ft</sup> Shut it in wash up rigged up headed back to shop.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406		MILEAGE		
1131	120 SKS	60/40 Poz mix Cement	13.18	1582.60
1110A	600 <sup>ft</sup>	Kot-Sent 5 <sup>th</sup> Per SK	.46	276.00
1128B	400 <sup>ft</sup>	Gel 4%	.22	88.00
1102	100 <sup>ft</sup>	Calc 1%	.98	98.00
1107A	4260 <sup>ft</sup>	1/2 Pheno	1.35	81.00
1118B	200 <sup>ft</sup>	Gel Flush	.22	44.00
5407	5.16 Tons	Ton mileage Bulk/Truck		368.00
4402	2	2 7/8 Rubber Plugs	29.50	59.00
5502C	3 hrs	Transport	120.00	360.00
1123	3000 Gallons	Citywater	17.30	51.90
				4072.50
			30% Discount	(644.54)
				3427.92
			Sales Tax	
			7.4%	253.66
			SALES TAX	119.50
			ESTIMATED TOTAL	3547.42

Revin 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



**CONSOLIDATED**  
Oil Well Services, LLC

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

4th well

TICKET NUMBER 58519  
FIELD TICKET REF # 49264  
LOCATION Thayer  
FOREMAN Brett Busby

**TREATMENT REPORT  
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-9-14		Shannon # 13				AL

CUSTOMER Pigua Petroleum Inc		
MAILING ADDRESS		
CITY	STATE	ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
476	Josh	618T95	Joe
490	Larry	679T102	Junior
482	Mark		
582	Matt		
443	Wes		
680T221	Cody		

**WELL DATA**

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE 2 7/8 REG	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
8 1/2-24 (26)	Squirrel

**TYPE OF TREATMENT**

Acid spot + frac

**CHEMICALS**

Kesur - Biocide - Breaker
Acid - Inhibitor - Stim Oil

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI
PAD	20	20			BREAKDOWN 1300
16-30		20	1.5-1.0	3000#	START PRESSURE
12-20		20	1.0		END PRESSURE
12-20			2.0	2700#	BALL OFF PRESS
12-20 (7) + (3)			1.5		ROCK SALT PRESS
12-20			1.0		ISIP 650
12-20			2.0	2000#	5 MIN
12-20 (1)		18	1.5		10 MIN
12-20 (1) + (1) = (2)		18	1.0		15 MIN
12-20		20	2.0	1500#	MIN RATE
FLUSH CASING	5	20			MAX RATE
Release balls to T.D.			TOTAL	6,500#	DISPLACEMENT 418
OVERFLUSH	10		SAND		
TOTAL BBL'S	165				

**REMARKS:**

Spotted 75 gal - 15% HCL acid on perfs

Location 11:45 AM - 1:00 PM 40 miles

AUTHORIZATION customer left site B.B. TITLE DATE 6-9-14

Terms and Conditions are printed on reverse side.