



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1222506
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: _____

1222506

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 #: 15-001-31118-00-00
Operator: Piqua Petro, Inc.	Lease: Shannon
Address: 1331 Xylan Rd, Piqua, KS 66761	Well #: 17-14
Phone: (620) 433-0099	Spud Date: 7-23-14 Completed: 7-24-14
Contractor License: 34036	Location: SW/NW/SE/NW of 14-25-17E
T.D. : 862 T.D. of Pipe: 859 Size: 2.875"	1815 Feet From North
Surface Pipe Size: 7" Depth: 22'	3795 Feet From East
Kind of Well: Oil	County: Allen

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
15	Soil and Clay	0	15	4	Shale	766	770
114	Shale	15	129	4	Lime	770	774
16	Lime	129	145	25	Shale	774	799
14	Shale	145	159	1	Lime	799	800
55	Lime	159	214	2	Oil Sand	800	802
5	Shale	214	219	1	Lime	802	803
4	Lime	219	223	12	Oil Sand	803	815
30	Shale	223	253	47	Shale	815	862
17	Lime	253	270				
20	Shale	270	290				
67	Lime	290	357				
9	Shale/Black Shale	357	366				
29	Lime	366	395				
5	Shale/Black Shale	395	400				
32	Lime	400	432		T.D. of Pipe		859
179	Shale	432	611		T.D.		862
11	Lime	611	622				
57	Shale	622	679				
7	Lime	679	686				
5	Shale	686	691				
8	Lime	691	699				
6	Shale	699	705				
4	Lime	705	709				
34	Shale	709	743				
6	Lime	743	749				
3	Shale	749	752				
7	Lime	752	759				
4	Shale	759	763				
3	Black Shale	763	766				

Leis Oil Services, LLC

1410 150th Rd
Yates Center, KS 66783

Invoice

Date	Invoice #
8/1/2014	1032

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 --- BRUENGER 3-14	11.60	92.80
1,133	DRILLING BRUENGER 3-14	6.25	7,081.25
1	DRILL PIT	100.00	100.00
8	CEMENT FOR SURFACE --- SHANNON 16-14	11.60	92.80
875	DRILLING SHANNON 16-14	6.25	5,468.75
1	DRILL PIT	100.00	100.00
8	CEMENT FOR SURFACE --- SHANNON 17-14	11.60	92.80
862	DRILLING SHANNON 17-14	6.25	5,387.50
1	DRILL PIT	100.00	100.00
8	CEMENT FOR SURFACE --- SHANNON 18-14	10.50	84.00
862	DRILLING SHANNON 18-14	6.25	5,387.50
1	DRILL PIT	100.00	100.00
8	CEMENT FOR SURFACE --- DIEBOLT 9-14	11.60	92.80
1,207	DRILLING DIEBOLT 9-14	7.50	9,052.50
1	MISSISSIPPI BIT CHARGE	600.00	600.00
Total			\$33,932.70



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
~~PIQUA~~
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 # 26976

Invoice Date: 07/31/2014 Terms: 0/30/10,n/30

Page 1

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

SHANNON #17-14
5220000906
07/25/2014
KS

Part Number	Description	Qty	Unit Price	Tota
1131	60/40 POZ MIX	105.00	13.1800	1383.9
1118B	PREMIUM GEL / BENTONITE	350.00	.2200	77.0
1107A	PHENOSEAL (M) 40# BAG	100.00	1.3500	135.0
1110A	KOL SEAL (50# BAG)	525.00	.4600	241.5
1102	CALCIUM CHLORIDE (50#)	100.00	.7800	78.0
1118B	PREMIUM GEL / BENTONITE	200.00	.2200	44.0
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	-587.8

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
515 MIN. BULK DELIVERY	1.00	368.00	368.0
515 80 BBL VACUUM TRUCK (CEMENT)	3.00	90.00	270.0

Amount Due 4135.51 if paid after 08/10/2014

Parts:	2070.30	Freight:	.00	Tax:	109.71	AR	3504.1
Labor:	.00	Misc:	.00	Total:	3504.19		
Sublt:	-587.82	Supplies:	.00	Change:	.00		

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, WY 918/225-2600