



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1222525
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: _____

1222525

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

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Leis Oil Services, LLC

1410 150th Rd
Yates Center, KS 66783

Invoice

Date	Invoice #
7/15/2014	1028

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
1,222	Drilling for Diebolt 8-14	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
1,096	Drilling for Temming 1-14	6.25	6,850.00
1	drill pit	100.00	100.00
8	Cement for surface	11.60	92.80
869	Drilling for Temming 2-14	6.25	5,431.25
1	Drill Pit	100.00	100.00
8	Cement for surface	11.60	92.80
1,102	Drilling for Temming 3-14	6.25	6,887.50
1	Drill Pit	100.00	100.00
8	Cement for Surface	11.60	92.80
862	Drilling for Temming 4-14	6.25	5,387.50
1	Drill Pit	100.00	100.00
1	Liner for pit	50.00	50.00
8	Cement for Surface	11.60	92.80
882	Drilling for Bruenger 1-14	6.25	5,512.50
1	Drill Pit	100.00	100.00
8	Cement for Surface	11.60	92.80
1	Liner for pit	50.00	50.00
893	Drilling for Bruenger 2-14	6.25	5,581.25
825	Trenching on Diebolt 7 and 8-14	0.75	618.75
Total			\$45,955.85



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 # 26940

Invoice Date: 07/18/2014 Terms: 0/30/10,n/30

Page 1

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

TEMMING #3-14
45888
07/03/2014
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	140.00	13.1800	1845.20
1107A	PHENOSEAL (M) 40# BAG)	140.00	1.3500	189.00
1118B	PREMIUM GEL / BENTONITE	700.00	.2200	154.00
1123	CITY WATER	2500.00	.0176	44.00
4402	2 1/2" RUBBER PLUG	2.00	29.5000	59.00

Sublet Performed	Description	Total
9996-170	CEMENT MATERIAL DISCOUNT	-657.00

Description	Hours	Unit Price	Total
485 CEMENT PUMP	1.00	1085.00	1085.00
485 EQUIPMENT MILEAGE (ONE WAY)	45.00	4.20	189.00
637 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
667 MIN. BULK DELIVERY	1.00	368.00	368.00

Amount Due 4282.76 if paid after 07/28/2014

Parts:	2291.20	Freight:	.00	Tax:	120.94	AR	3577.14
Labor:	.00	Misc:	.00	Total:	3577.14		
Sublt:	-657.00	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, CO 918/225-2655



LEIS OIL SERVICES

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



Operator License #: 30345	API #: 15-001-31102-00-00
Operator: Piqua Petro, Inc.	Lease: Temming
Address: 1331 Xylan Rd, Piqua, KS 66761	Well #: 3-14
Phone: (620) 433-0099	Spud Date: 7-1-14 Completed: 7-2-14
Contractor License: 34036	Location: NE/SE/NE/SW of 14-25-17E
T.D. : 1102 T.D. of Pipe: 1093 Size: 2.875"	3650 Feet From North
Surface Pipe Size: 7" Depth: 22'	2100 Feet From West
Kind of Well: Oil	County: Allen

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
15	Soil and Clay	0	15	3	Oil Sand	782	785
101	Shale	15	116	2	Broken Sand/Shale	785	787
19	Lime	116	135	8	Shale	787	795
13	Shale	135	148	4	Broken Lime	795	799
50	Lime	148	198	9	Dark Sand/Odor	799	808
37	Shale	198	235	224	Shale	808	1032
12	Lime	235	247	28	Oil/Gas Sand	1032	1060
29	Shale	247	276	42	Sand	1060	1102
70	Lime	276	346				
7	Shale/Black Shale	346	353				
27	Lime	353	380				
5	Shale/Black Shale	380	385				
33	Lime	385	418				
169	Shale	418	597				
10	Lime	597	607				
68	Shale	607	675				
8	Lime	675	683				
4	Shale	683	687				
5	Lime	687	692				
7	Shale	692	699		T.D.		1102
4	Lime	699	703		T.D. of Pipe		1093
36	Shale	703	739				
13	Lime	739	752				
3	Shale	752	755				
3	Black Shale	755	758				
5	Shale	758	763				
4	Lime	763	767				
11	Shale	767	778				
4	Broken Sand/Shale	778	782				