



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1226734  
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: \_\_\_\_\_



1226734

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

<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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Leis Oil Services, LLC

1410 150th Rd  
Yates Center, KS 66783

# Invoice

Date	Invoice #
9/1/2014	1035

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

P.O. No.	Terms	Project
	Due on receipt	

Quantity	Description	Rate	Amount
894	DRILLING--BRUENGER 4-14	6.25	5,587.50
1	PORTABLE PIT	150.00	150.00
8	CEMENT FOR SURFACE	11.60	92.80
892	DRILLING--BRUENGER 5-14	6.25	5,575.00
1	PORTABLE PIT	150.00	150.00
8	CEMENT FOR SURFACE	11.60	92.80
882	DRILLING--BRUENGER 6-14	6.25	5,512.50
1	PORTABLE PIT	150.00	150.00
8	CEMENT FOR SURFACE	11.60	92.80
866	DRILLING--BRUENGER 7-14	6.25	5,412.50
1	PORTABLE PIT	150.00	150.00
8	CEMENT FOR SURFACE	11.60	92.80
874	DRILLING--SHANNON 19-14	6.25	5,462.50
1	PORTABLE PIT	150.00	150.00
8	CEMENT FOR SURFACE	11.60	92.80
1,278	DRILLING-- WOODS ELLIS 24-14	6.25	7,987.50
1	MISSISSIPPI BIT CHARGE	600.00	600.00
1	DUG DRILL PIT	100.00	100.00
0	CONSOLIDATED CEMENTED SURFACE	11.60	0.00
1,271	DRILLING--WOODS ELLIS <del>25</del> -14 (25-14)	6.25	7,943.75
1	MISSISSIPPI BIT CHARGE	600.00	600.00
1	PORTABLE PIT	150.00	150.00
0	CONSOLIDATED CEMENTED SURFACE	11.60	0.00
		<b>Total</b>	<b>\$46,145.25</b>



**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 # 270470

Invoice Date: 08/22/2014 Terms: 0/30/10,n/30

Page 1

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

SHANNON #19-14  
45976  
08/19/2014  
KS

Part Number	Description	Qty	Unit Price	Total
1123	CITY WATER	2500.00	.0173	43.25
1118B	PREMIUM GEL / BENTONITE	450.00	.2200	99.00
1107A	PHENOSEAL (M) 40# BAG)	120.00	1.3500	162.00
1110A	KOL SEAL (50# BAG)	550.00	.4600	253.00
1102	CALCIUM CHLORIDE (50#)	50.00	.7800	39.00
1131	60/40 POZ MIX	110.00	13.1800	1449.80
4402	2 1/2" RUBBER PLUG	2.00	29.5000	59.00
				<b>Total</b>

Sublet Performed 9996-170 Description CEMENT MATERIAL DISCOUNT -600.84

	Description	Hours	Unit Price	Total
485	CEMENT PUMP	1.00	1085.00	1085.00
637	MIN. BULK DELIVERY	1.00	368.00	368.00
640	80 BBL VACUUM TRUCK	2.00	90.00	180.00

Amount Due 3893.84 if paid after 09/01/2014

Parts:	2105.05	Freight:	.00	Tax:	111.33	AR	3248.54
Labor:	.00	Misc:	.00	Total:	3248.54	5% disc	162.43
Sublt:	-600.84	Supplies:	.00	Change:	.00		3086.11

Date \_\_\_\_\_

Signed \_\_\_\_\_

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 918/225-2650



# LEIS OIL SERVICES



Scanned

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

<b>Operator License #:</b> 30345	<b>API #:</b> 15-001-31126-00-00
<b>Operator:</b> Piqua Petro, Inc.	<b>Lease:</b> Shannon
<b>Address:</b> 1331 Xylan Rd, Piqua, KS 66761	<b>Well #:</b> 19-14
<b>Phone:</b> (620) 433-0099	<b>Spud Date:</b> 8-15-14 <b>Completed:</b> 8-18-14
<b>Contractor License:</b> 34036	<b>Location:</b> NW/NW/SE/NW of 14-25-17E
<b>T.D. :</b> 874 <b>T.D. of Pipe:</b> 870 <b>Size:</b> 2.875"	3800 <b>Feet From</b> South
<b>Surface Pipe Size:</b> 7" <b>Depth:</b> 22'	3800 <b>Feet From</b> East
<b>Kind of Well:</b> Oil	<b>County:</b> Allen

## LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
5	Soil /Clay/Lime	0	5	4	Lime	779	783
136	Shale	5	141	25	Shale	783	808
10	Lime	141	151	1	Lime Streak	808	809
3	Shale	151	154	1	Oil Sand	809	810
4	Lime	154	158	1	Lime Streak	810	811
17	Shale	158	175	16	Oil Sand	811	827
47	Lime	175	222	47	Shale	827	874
70	Shale	222	292				
75	Lime	292	367				
5	Shale/Black Shale	367	372				
29	Lime	372	401				
3	Black Shale	401	404				
33	Lime	404	437				
159	Shale	437	596				
3	Lime	596	599		T.D. of Pipe		870
18	Shale	599	617		T.D.		874
8	Lime	617	625				
65	Shale	625	690				
5	Lime	690	695				
4	Shale	695	699				
19	Lime	699	718				
5	Shale	718	723				
4	Lime	723	727				
2	Black Shale	727	729				
24	Shale	729	753				
18	Lime	753	771				
3	Shale	771	774				
3	Black Shale	774	777				
2	Shale	777	779				



**CONSOLIDATED**  
Oil Well Services, LLC

O Box 884, Chanute, KS 66720  
20-431-9210 or 800-467-8676

*1st Time Well*

TICKET NUMBER 59513  
FIELD TICKET REF # 5077  
LOCATION Thayer  
FOREMAN Brett Busby

**TREATMENT REPORT  
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-9-14	1114	Shannon 19-14	14	25S	17E	WS
CUSTOMER		* Safety meeting attendees				
MAILING ADDRESS						
CITY						
STATE						
ZIP CODE						

TRUCK #	DRIVER	TRUCK #	DRIVER
476	Josh	679T102	Junior
490	Josiah		
482	Donnie		
521	Eric		
547	Colby		
618T95	Joe		

**WELL DATA**

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 7/8 8E4E</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
808-826 (38) Squirrel	

**TYPE OF TREATMENT**  
Acid spot + frac w/acid OTF

**CHEMICALS**  
Kewsub Biocide - Breaker  
Acid - Inhibitor - StimOil

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAD	20	20				BREAKDOWN 1800
16-30		20	1.5-1.0	500#		START PRESSURE
12-20		20	1.0			END PRESSURE
12-20		20	2.0	3000#		BALL OFF PRESS
12-20 (8)(7)+(5)			1.5-1.0			ROCK SALT PRESS
12-20			1.0			ISIP 550
12-20			2.0	2,500#		5 MIN
12-20 (6)+(4)			1.5			10 MIN
12-20 (40)			1.0			15 MIN
12-20		20	2.0	2,000#		MIN RATE
FLASH CASING	5	20				MAX RATE
Release balls to T.D.			TOTAL	2,000#		DISPLACEMENT 4.8
OVERFLUSH	10	20	SAND			
TOTAL BBL'S	220					

REMARKS: \* hold safety-procedure meeting before frac  
Spotted 75 gal - 15% HCL acid on perfs  
Blended 100 gal - Raw HCL acid - OTF

Location 9:30 AM - 10:10 AM 40 miles

AUTHORIZATION customer busy TITLE \_\_\_\_\_ DATE 9-9-14

Terms and Conditions are printed on reverse side.