



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1227890
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
-----------------------------------	-----------------	---

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: _____



1227890

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
--	---

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
----------------	-------	---------	------------	---

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> _____
---	--

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> _____	PRODUCTION INTERVAL: _____ _____
--	--	---

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 25-14 (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
Total			\$46,145.25



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
FINV
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 # 270152

Invoice Date: 08/15/2014 Terms: 0/30/10,n/30

Page 1

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

BRUENTER 5-14
5220000920
08/08/2014
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	105.00	13.1800	1383.90
1118B	PREMIUM GEL / BENTONITE	350.00	.2200	77.00
1107A	PHENOSEAL (M) 40# BAG)	100.00	1.3500	135.00
1110A	KOL SEAL (50# BAG)	525.00	.4600	241.50
1118B	PREMIUM GEL / BENTONITE	200.00	.2200	44.00
1102	CALCIUM CHLORIDE (50#)	100.00	.7800	78.00
1123	CITY WATER	3000.00	.0173	51.90
4402	2 1/2" RUBBER PLUG	2.00	29.5000	59.00

Sublet Performed	Description	Total
9996-170	CEMENT MATERIAL DISCOUNT	-587.82

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)	3.00	90.00	270.00
667 MIN. BULK DELIVERY	1.00	368.00	368.00

Amount Due 4135.51 if paid after 08/25/2014

Parts:	2070.30	Freight:	.00	Tax:	109.71	AR	3504.19
Labor:	.00	Misc:	.00	Total:	3504.19	5% disc	175.21
Sublt:	-587.82	Supplies:	.00	Change:	.00		3328.98

Signed _____

Date _____

MARTLESVILLE, 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

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



Operator License #: 30345	API #: 15-001-31135-00-00
Operator: Piqua Petro, Inc.	Lease: Bruenger
Address: 1331 Xylan Rd, Piqua, KS 66761	Well #: 5-14
Phone: (620) 433-0099	Spud Date: 8-7-14 Completed: 8-8-14
Contractor License: 34036	Location: NW/NE/SW/NE of 14-25-17E
T.D. : 892 T.D. of Pipe: 888 Size: 2.875"	3745 Feet From South
Surface Pipe Size: 7" Depth: 22'	1970 Feet From East
Kind of Well: Oil	County: Allen

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
1	Soil	0	1	1	Lime Streak	827	828
18	Lime	1	19	2	Oil Sand	828	830
130	Shale	19	149	1	Lime Streak	830	831
16	Lime	149	165	11	Oil Sand	831	842
3	Shale	165	168	50	Sandy Shale	842	892
63	Lime	168	231				
84	Shale	231	315				
70	Lime	315	385				
8	Shale/Black Shale	385	393				
29	Lime	393	422				
3	Black Shale	422	425				
31	Lime	425	456				
180	Shale	456	636				
10	Lime	636	646				
67	Shale	646	717		T.D. of Pipe		888
3	Lime	717	720		T.D.		892
6	Shale	720	726				
15	Lime	726	741				
3	Shale	741	744				
4	Lime	744	748				
25	Shale	748	773				
4	Lime	773	777				
4	Shale	777	781				
8	Lime	781	789				
5	Shale	789	794				
2	Black Shale	794	796				
3	Shale	796	799				
4	Lime	799	803				
24	Shale	803	827				



CONSOLIDATED
Oil Well Services, LLC

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

3RD well

TICKET NUMBER 59515
FIELD TICKET REF # 50078
LOCATION Thayer
FOREMAN Brett Busby

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-9-14		Bruenger 5-14	14	255	17E	WO
CUSTOMER		Pigua Petroleum Inc				
MAILING ADDRESS						
CITY		STATE	ZIP CODE			

TRUCK #	DRIVER	TRUCK #	DRIVER
476	Josh	618795	Joe
490	Josiah		
482	Donnie		
521	Eric		
547	Colby		
6797102	Junior		

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE 2 7/8 EUEF	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
828 4/8 (34) Squirrel	

TYPE OF TREATMENT
Acid spot + frac w/acid OTF

CHEMICALS
Biocide - Breaker
Acid Inhibitor - StimOil

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI
PAD	20	20			BREAKDOWN 2100
16-30		20	1.5-1.0	500 #	START PRESSURE
12-20		20	1.0		END PRESSURE
12-20			2.0	3000 #	BALL OFF PRESS
12-20 (5) + (2)			1.0		ROCK SALT PRESS
12-20			1.5		ISIP 650
12-20		20	2.0	2,000 #	5 MIN
12-20 (3) + (2)		15	1.0		10 MIN
12-20 (AD) (13)		15	1.0		15 MIN
12-20		15	2.0	2,000 #	MIN RATE
FLUSH CASING	5	15			MAX RATE
Release balls to T.D.			TOTAL	7,000 #	DISPLACEMENT 4.8
OVERFLUSH	10	20	SAND		
TOTAL BBL'S	200				

REMARKS:
Spotted 175 gal - 15% HCL acid on perfs * loaded (25)
Blend 100 gal - Raw HCL acid - OTF Bio-balls for job
Location 11:45 AM - 12:30 PM 40 miles

AUTHORIZATION _____ TITLE _____ DATE 9-9-14

Terms and Conditions are printed on reverse side.