



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1234441  
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: \_\_\_\_\_



1234441

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



Operator License #: 30345	API #: 15-001-31142-00-00
Operator: Piqua Petro, Inc.	Lease: Bruenger
Address: 1331 Xylan Rd, Piqua, KS 66761	Well #: 7-14
Phone: (620) 433-0099	Spud Date: 8-13-14      Completed: 8-14-14
Contractor License: 34036	Location: NW/SW/SE/SE of 14-25-17E
T.D. : 866    T.D. of Pipe: 863    Size: 2.875"	500      Feet From    South
Surface Pipe Size: 7"      Depth: 22'	1155      Feet From    East
Kind of Well: Oil	County: Allen

## LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
5	Soil	0	5	4	Lime	768	772
26	Clay	5	31	29	Shale	772	801
71	Shale	31	102	1	Lime Streak	801	802
18	Lime	102	120	1	Shale	802	803
21	Shale	120	141	1	Lime Streak	803	804
58	Lime	141	199	12	Oil Sand	804	816
31	Shale	199	230	50	Shale	816	866
8	Lime	230	238				
52	Shale	238	290				
64	Lime	290	354				
5	Shale/Black Shale	354	359				
27	Lime	359	386				
3	Black Shale	386	389				
30	Lime	389	419				
183	Shale	419	600		T.D. of Pipe		863
11	Lime	600	611		T.D.		866
76	Shale	611	687				
3	Lime	687	690				
5	Shale	690	695				
5	Lime	695	700				
5	Shale	700	705				
5	Lime	705	710				
4	Shale	710	714				
5	Lime	714	719				
25	Shale	719	744				
15	Lime	744	759				
4	Shale	759	763				
3	Black Shale	763	766				
2	Shale	766	768				

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>24</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>			\$46,145.25





**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 # 270377

Invoice Date: 08/20/2014 Terms: 0/30/10,n/30 Page 1

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

BRUENGER #7  
5220000927  
08/15/2014  
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
1102	CALCIUM CHLORIDE (50#)	100.00	.7800	78.00
1118B	PREMIUM GEL / BENTONITE	200.00	.2200	44.00
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
445 CEMENT PUMP	1.00	1085.00	1085.00
445 EQUIPMENT MILEAGE (ONE WAY)	45.00	4.20	189.00
611 MIN. BULK DELIVERY	1.00	368.00	368.00
637 80 BBL VACUUM TRUCK (CEMENT)	3.00	90.00	270.00

Amount Due 4135.51 if paid after 08/30/2014

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 \_\_\_\_\_

ARTLESVILLE, 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

FFS  
# 31102  
FEB-29-14





**CONSOLIDATED**  
Oil Well Services, LLC

6th well

TICKET NUMBER 59518  
FIELD TICKET REF # 50078  
LOCATION Thayer  
FOREMAN Brett Busby

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

**TREATMENT REPORT  
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-9-14		Bruenger 7-14				WO

CUSTOMER Pigua Petroleum Inc.		
MAILING ADDRESS		
CITY	STATE	ZIP CODE

WELL DATA	
CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 7/8 DEUK</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>802-22 (42)</u>	<u>Squirrel</u>

TRUCK #	DRIVER	TRUCK #	DRIVER
476	Josh	6797/02	Junior
490	Josiah		
458	Tim		
521	Eric		
547	Colby		
618795	Joe		

TYPE OF TREATMENT	
<u>Acid spot + frac w/acid STF</u>	
CHEMICALS	
<u>Biocide - Breaker</u>	
<u>Acid-Inhibitor - Stimol</u>	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI
PAD	20	20			BREAKDOWN 2400
16-30		20	1.5-1.0	500#	START PRESSURE
12-20		20	1.0-2.0	3,000#	END PRESSURE
12-20 (10) * (8) + (3)		↓	1.5-1.0		BALL OFF PRESS
12-20		↓	1.0		ROCK SALT PRESS
12-20	20	2.0	2.0	2,000#	ISIP 600
12-20 (7) + (5)		18	1.5		5 MIN
12-20 + (3) + (3)		15	1.0-2.0	1,500#	10 MIN
12-20 + (1)		15	2.0		15 MIN
12-20		15	2.0	1,000#	MIN RATE
FLUSH CASING	5	15			MAX RATE
Release balls to T.D.			TOTAL	8,000#	DISPLACEMENT 4.7
OVERFLUSH	10	20	SAND		
TOTAL BBL'S	260				

REMARKS:  
Spotted 75 gal - 15% HCL acid on perfs \* loaded (40)  
Blend 100 gal raw HCL acid - STF Bioballs for job

Location 2:45 PM - 3:30 PM : miles

AUTHORIZATION customer left site Bib. TITLE \_\_\_\_\_ DATE 9-9-14

Terms and Conditions are printed on reverse side.