



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1234445
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: _____



1234445

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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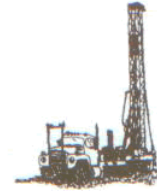
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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: _____ _____
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LEIS OIL SERVICES

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



Operator License #: 30345	API #: 15-001-31183-00-00
Operator: Piqua Petro, Inc.	Lease: Bruenger
Address: 1331 Xylan Rd, Piqua, KS 66761	Well #: 9-14
Phone: (620) 433-0099	Spud Date: 10-16-14 Completed: 10-20-14
Contractor License: 34036	Location: SE-SW-SW-NE of 14-25-17E
T.D. : 875 T.D. of Pipe: 872 Size: 2.875"	2950 Feet From South
Surface Pipe Size: 7" Depth: 22'	2120 Feet From East
Kind of Well: Oil	County: Allen

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
1	Soil	0	1	3	Shale	793	796
12	Lime	1	13	3	Lime	796	799
135	Shale	13	148	26	Shale	799	825
12	Lime	148	160	2	Oil Sand	825	827
6	Shale	160	166	1	Shale	827	828
62	Lime	166	228	9	Oil Sand	828	837
85	Shale	228	313	38	Sandy Shale	837	875
67	Lime	313	380				
7	Shale/Black Shale	380	387				
28	Lime	387	415				
4	Shale/Black Shale	415	419				
31	Lime	419	450				
154	Shale	450	604				
2	Lime	604	606				
26	Shale	606	632				
7	Lime	632	639				
72	Shale	639	711				
6	Lime	711	717				
7	Shale	717	724				
12	Lime	724	736		T.D.		875
5	Shale	736	741		T.D. of Pipe		872
4	Lime	741	745				
2	Black Shale	745	747				
24	Shale	747	771				
5	Lime	771	776				
3	Shale	776	779				
7	Lime	779	786				
5	Shale	786	791				
2	Black Shale	791	793				



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 # 271974

Invoice Date: 10/23/2014 Terms: 0/30/10,n/30

Page 1

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

BRUENGER 9-14
6400000106
10/21/2014
KS

Part Number	Description	Qty	Unit Price	Total
1118B	PREMIUM GEL / BENTONITE	350.00	.2200	77.00
1107A	PHENOSEAL (M) 40# BAG)	80.00	1.3500	108.00
1110A	KOL SEAL (50# BAG)	500.00	.4600	230.00
1102	CALCIUM CHLORIDE (50#)	100.00	.7800	78.00
1131	60/40 POZ MIX	105.00	13.1800	1383.90
1123	CITY WATER	2000.00	.0173	34.60
4402	2 1/2" RUBBER PLUG	2.00	29.5000	59.00

Sublet Performed	Description	Total
9996-170	CEMENT MATERIAL DISCOUNT	-563.07

Description	Hours	Unit Price	Total
445 MIN. BULK DELIVERY	1.00	368.00	368.00
611 CEMENT PUMP	1.00	1085.00	1085.00
611 EQUIPMENT MILEAGE (ONE WAY)	45.00	4.20	189.00
637 80 BBL VACUUM TRUCK	3.00	90.00	270.00

Amount Due 4028.32 if paid after 11/02/2014

Parts:	1970.50	Freight:	.00	Tax:	104.15	AR	3423.58
Labor:	.00	Misc:	.00	Total:	3423.58	5% disc	171.18
Sublt:	-563.07	Supplies:	.00	Change:	.00		3252.40

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, OK 918/225-2650

Leis Oil Services, LLC

1410 150th Rd
Yates Center, KS 66783

Invoice

Date	Invoice #
11/12/2014	1039

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	150.00	150.00
12	Cement for Surface	11.60	139.20
1	Mississippi Bit Charge	600.00	600.00
1,242	Little Kramer 4-14	6.25	7,762.50
1	Drill Pit	150.00	150.00
8	Cement for Surface	11.60	92.80
842	Temming 5-14	6.25	5,262.50
1	Drill Pit	150.00	150.00
8	Cement for Surface	11.60	92.80
862	Temming 6-14	6.25	5,387.50
1	Drill Pit	150.00	150.00
8	Cement for Surface	11.60	92.80
874	Bruenger 8-14	6.25	5,462.50
1	Drill Pit	150.00	150.00
8	Cement for Surface	11.60	92.80
875	Bruenger 9-14	6.25	5,468.75
1	Drill Pit	150.00	150.00
8	Cement for Surface	11.60	92.80
862	Shannon 20-14	6.25	5,387.50
1	Drill Pit	150.00	150.00
8	Cement for Surface	11.60	92.80
862	Shannon 21-14	6.25	5,387.50
1	Drill Pit	150.00	150.00
8	Cement for Surface	11.60	92.80
882	Shannon 22-14	6.25	5,512.50
1	Drill Pit	150.00	150.00
8	Cement for Surface	11.60	92.80
862	Shannon 23-14	6.25	5,387.50
1	Drill Pit	150.00	150.00
12	Cement for Surface	11.60	139.20
1,232	Karens Farm 3-14	6.25	7,700.00
1	Mississippi Bit Charge	600.00	600.00
		Total	\$62,439.55



CONSOLIDATED
Oil Well Services, LLC

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

3RD well

TICKET NUMBER 59870
FIELD TICKET REF # 50246
LOCATION Thayer
FOREMAN Brett Busby

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-5-14	4110	Challenger 9-14	14	255	17E	AL
CUSTOMER Pigua Petroleum Inc.						
MAILING ADDRESS						
CITY		STATE	ZIP CODE			

TRUCK #	DRIVER	TRUCK #	DRIVER
476	Josh	583	Mike
490	Josiah	1291	Mike
478	Donnic	820	Mike
521	Eric	111	Mike
424	Wes	774	Mike

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE 2 7/8 SFUE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
825-45 (42)	Squiccel

TYPE OF TREATMENT
Acidspot + frac w/acid OTF

CHEMICALS
Biocide - Breaker
Acid - Inhibitor - Stim Oil

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAD	20	20				BREAKDOWN 1825
16-30		20	1.5-1.0	3000		START PRESSURE
12-20			1.5			END PRESSURE
12-20			2.0	3700 [#]		BALL OFF PRESS
12-20 (8)+(5)			1.5			ROCK SALT PRESS
12-20		20	1.0			ISIP 600
12-20		20	2.0	1500 [#]		5 MIN
12-20 (4)+(3)		18	1.5			10 MIN
12-20 (2)+(1)		14	1.0			15 MIN
12-20 (23)		14	2.0	1500 [#]		MIN RATE
FLUSH CASING	5	14				MAX RATE
Release balls to T.D.			TOTAL			DISPLACEMENT 4.7
OVERFLUSH	10	20	SAND	7,000		
TOTAL BBL'S	210					

REMARKS:
Spotted 75 gal -15% HCL acid on perfs loaded 30 bio balls for frac
Blended 150 gal -Raw HCL acid -OTF
Location 3:00PM - 4:00PM 40. miles

AUTHORIZATION _____ TITLE _____ DATE 11-5-14

Terms and Conditions are printed on reverse side.