



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1234519
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: _____



1234519

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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
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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> <i>(Submit ACO-4)</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 #: 15-001-31260-00-00
Operator: Piqua Petro, Inc.	Lease: Temming
Address: 1331 Xylan Rd, Piqua, KS 66761	Well #: 6-14
Phone: (620) 433-0099	Spud Date: 10-6-14 Completed: 10-7-14
Contractor License: 34036	Location: SE/SW/SE/NW of 14-25-17E
T.D. : 862 T.D. of Pipe: 857 Size: 2.875"	2490 Feet From North
Surface Pipe Size: 7" Depth: 22'	1820 Feet From West
Kind of Well: Oil	County: Allen

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
26	Soil and Clay	0	26	2	Black Shale	761	763
102	Shale	26	128	4	Shale	763	767
19	Lime	128	147	6	Lime	767	773
15	Shale	147	162	24	Shale	773	797
58	Lime	162	220	1	Lime	797	798
31	Shale	220	251	1	Shale	798	799
15	Lime	251	266	1	Lime	799	800
32	Shale	266	298	9	Oil Sand	800	809
72	Lime	298	370	53	Shale	809	862
10	Shale/Black Shale	370	380				
24	Lime	380	404				
2	Black Shale	404	406				
28	Lime	406	434				
177	Shale	434	611				
7	Lime	611	618				
62	Shale	618	680				
3	Lime	680	683				
5	Shale	683	688				
7	Lime	688	695				
11	Shale	695	704		T.D.		862
4	Lime	704	708		T.D. of Pipe		857
5	Shale	708	713				
5	Lime	713	718				
2	Black Shale	718	720				
23	Shale	720	743				
5	Lime	743	748				
2	Shale	748	750				
8	Lime	750	758				
3	Shale	758	761				

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



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 # 271718

Invoice Date: 10/13/2014 Terms: 0/30/10,n/30

Page 1

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

TEMMING #6
 2550000335
 10/08/2014
 KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	105.00	12.5500	1317.75
1110A	KOL SEAL (50# BAG)	550.00	.4600	253.00
1107A	PHENOSEAL (M) 40# BAG	120.00	1.3500	162.00
1102	CALCIUM CHLORIDE (50#)	100.00	.7800	78.00
1118B	PREMIUM GEL / BENTONITE	350.00	.2200	77.00
1118B	PREMIUM GEL / BENTONITE	200.00	.2200	44.00
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	-579.53

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 4087.23 if paid after 10/23/2014

Parts:	2025.35	Freight:	.00	Tax:	106.99	AR	3464.81
Labor:	.00	Misc:	.00	Total:	3464.81		
Sublt:	-579.53	Supplies:	.00	Change:	.00		

Signed _____

Date _____

RTLESVILLE, 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 307/686-4014
 CUSHING, OK 620/776-2669