



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1234525
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: _____



1234525

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

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 #: 15-001-31259-00-00
Operator: Piqua Petro, Inc.	Lease: Shannon
Address: 1331 Xylan Rd, Piqua, KS 66761	Well #: 22-14
Phone: (620) 433-0099	Spud Date: 10-24-14 Completed: 10-27-14
Contractor License: 34036	Location: SE/NE/NW/NW of 14-25-17E
T.D. : 882 T.D. of Pipe: 877 Size: 2.875"	500 Feet From North
Surface Pipe Size: 7" Depth: 22'	830 Feet From West
Kind of Well: Oil	County: Allen

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
4	Soil and Clay	0	4	3	Lime	785	788
12	Lime	4	16	28	Shale	788	816
133	Shale	16	149	2	Lime	816	818
18	Lime	149	167	12	Oil Sand	818	830
6	Shale	167	173	52	Shale	830	882
55	Lime	173	228				
39	Shale	228	267				
20	Lime	267	287				
17	Shale	287	304				
69	Lime	304	373				
9	Shale/Black Shale	373	382				
28	Lime	382	410				
4	Black Shale	410	414				
32	Lime	414	446				
248	Shale	446	694				
4	Lime	694	698		T.D. of Pipe		877
6	Shale	698	704		T.D.		882
6	Lime	704	710				
9	Shale	710	719				
5	Lime	719	724				
6	Shale	724	730				
6	Lime	730	736				
21	Shale	736	757				
5	Lime	757	762				
4	Shale	762	766				
9	Lime	766	775				
3	Shale	775	778				
3	Black Shale	778	781				
4	Shale	781	785				

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



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 # 272189

Invoice Date: 10/31/2014 Terms: 0/30/10,n/30

Page 1

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

SHANNON #22
6400000112
10/28/2014
KS

Part Number	Description	Qty	Unit Price	Total
1118B	PREMIUM GEL / BENTONITE	550.00	.2200	121.00
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	-576.27

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 4075.57 if paid after 11/10/2014

Parts:	2014.50	Freight:	.00	Tax:	106.43	AR	3456.66
Labor:	.00	Misc:	.00	Total:	3456.66		
Sublt:	-576.27	Supplies:	.00	Change:	.00		

Signed _____

Date _____

WRTLESVILLE, 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