



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1234528
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: _____



1234528

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 #: 15-001-31289-00-00
Operator: Piqua Petro, Inc.	Lease: Shannon
Address: 1331 Xylan Rd, Piqua, KS 66761	Well #: 23-14
Phone: (620) 433-0099	Spud Date: 10-28-14 Completed: 10-29-14
Contractor License: 34036	Location: SW/SW/NE/NW of 14-25-17E
T.D. : 862 T.D. of Pipe: 860 Size: 2.875"	1160 Feet From North
Surface Pipe Size: 7" Depth: 22'	1600 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 Streaks	806	809
3	Lime	4	7	13	Oil Sand	809	822
130	Shale	7	137	5	Broken Oil Sand	822	827
22	Lime	137	159	35	Shale	827	862
6	Shale	159	165				
55	Lime	165	220				
48	Shale	220	268				
100	Lime	268	368				
4	Shale/Black Shale	368	372				
28	Lime	372	400				
3	Black Shale	400	403				
34	Lime	403	437				
173	Shale	437	610				
11	Lime	610	621				
51	Shale	621	672		T.D. of Pipe		862
4	Lime	672	676		T.D.		860
16	Shale	676	692				
9	Lime	692	701				
12	Shale	701	713				
4	Lime	713	717				
4	Shale	717	721				
5	Lime	721	726				
24	Shale	726	750				
16	Lime	750	766				
3	Shale	766	769				
2	Black Shale	769	771				
4	Shale	771	775				
4	Lime	775	779				
27	Shale	779	806				

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

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 # 272197

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 #23
5220000985
10/29/2014
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	105.00	13.1800	1383.90
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
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	-576.27

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 4094.15 if paid after 11/10/2014

Parts:	2031.80	Freight:	.00	Tax:	107.71	AR	3475.24
Labor:	.00	Misc:	.00	Total:	3475.24		
Sublt:	-576.27	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 307/686-4914
 CUSHING, OK 918/225-2650