



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1263582
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: _____



1263582

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

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Operator License #: 30345	API #: 15-207-28999-00-00
Operator: Piqua Petro, Inc.	Lease: Diebolt
Address: 1331 Xylan Rd Piqua, KS 66761	Well #: 10-14
Phone: (620) 433-0099	Spud Date: 6-24-15 Completed: 6-26-15
Contractor License: 34036	Location: SE-SE-SW-SE of 15-24-17E
T.D. : 1223 T.D. of Pipe: 1220 Size: 2.875"	165 Feet From South
Surface Pipe Size: 7" Depth: 22'	3800 Feet From West
Kind of Well: Oil	County: Woodson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
6	Soil/Clay	0	6	4	Shale	796	800
1	Shale	6	7	3	Black Shale	800	803
28	Lime	7	34	3	Shale	803	806
147	Shale	34	151	3	Lime	806	809
16	Lime	151	167	39	Shale	809	848
10	Shale	167	177	1	Lime	848	849
74	Lime	177	251	316	Shale	849	1165
74	Shale	251	325	1	Coal	1165	1166
73	Lime	325	398	6	Shale	1166	1172
6	Shale/Black Shale	398	404	5	Lime	1172	1177
21	Lime	404	425	9	Lime/Oil/Odor	1177	1186
3	Shale/Black Shale	425	428	4	Lime/Some Oil	1186	1190
25	Lime	428	453	33	Lime	1190	1223
165	Shale	453	618				
2	Lime	618	620				
19	Shale	620	639				
10	Lime	639	649				
67	Shale	649	716				
2	Lime	716	718				
8	Shale	718	726				
8	Lime	726	734				
2	Shale	734	736				
2	Lime	736	738		T.D.		1223
10	Shale	738	748		T.D. of Pipe		1220
3	Lime	748	751				
18	Shale	751	769				
11	Lime	769	780				
11	Shale	780	791				
5	Lime	791	796				

CONSOLIDATED
Oil Well Services, LLC

3288
3198

TICKET NUMBER 49685
LOCATION Ottawa KS
FOREMAN Fred Mader

INVOICE # 804685
FIELD TICKET & TREATMENT REPORT
CEMENT

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-26-15	4950	Diebolt # 10.14	SE 15	24	17	W0
CUSTOMER			TRUCK #			
Piqua Petroleum Greg Lair			712 / Fred Mader			
MAILING ADDRESS			495 / Har Bar			
1331 Xylan Rd			503 / Arl Mader			
CITY	STATE	ZIP CODE				
Piqua	KS	66761				

JOB TYPE Logging HOLE SIZE 6 7/8 HOLE DEPTH 1222 CASING SIZE & WEIGHT 2 3/8 EUE
CASING DEPTH 1220 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
DISPLACEMENT 7.13AL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold Safety meeting. Establish circulation. Mix Pump 1250 #
Gel. Circulate w/ Gel to condition hole. Mix Pump 25SKs
Thixoblead II Cement. Flush pump & lines clean. Displace
2 1/2" Rubber plug to casing TD. Pressure to 800 # PSI.
Release pressure to set float valve. Show in casing.

Rig Supplied Water.
Leis Oil Services

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	495	1500.00
CE0002	2/0 mi	MILEAGE		286.00
CE0711	Minimum	Ten Miles Delivery		660.00
		Sub Total		2446.00
		Less 39%		- 953.94
				1492.06
CC5861	25SKs	Thixoblead II Cement	675.00	
CC5965	1250 #	Bentonite Gel	375.00	
CP8176	1	2 1/2" Rubber Plug	45.00	
		Sub Total		1095.00
		Less 39%		- 427.05
				667.95
			7.15%	SALES TAX
				47.26
				ESTIMATED TOTAL
				2207.27

Rev'n 3737

AUTHORIZATION [Signature] TITLE _____ DATE 3619.29

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form

Leis Oil Services, LLC
 1410 150th Rd
 Yates Center, KS 66783

Invoice

Date	Invoice #
6/30/2015	1055

Bill To
Piqua Petro, Inc. 1331 Xylan Rd Piqua, KS 66761

P.O. No.	Terms	Project
	Due on receipt	

Quantity	Description	Rate	Amount
1	Portable pit	150.00	150.00
8	Cement for surface	11.60	92.80
863	Drilling Shannon 24-15	6.25	5,393.75
1	Portable pit	150.00	150.00
8	Cement for surface	11.60	92.80
870	Drilling Shannon 25-15	6.25	5,437.50
1	Portable pit	150.00	150.00
8	Cement for surface	11.60	92.80
863	Drilling LaRue 1-15	6.25	5,393.75
1	Portable Pit	150.00	150.00
8	Cement for surface *	11.60	92.80
1,223	Drilling for Diebolt 10-14	6.25	7,643.75
1	Mississippi Bit Charge	800.00	800.00
Total			\$25,639.95



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 60917
FIELD TICKET REF # 51006
LOCATION Thayer
FOREMAN Brett Budby

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-21-15	4950	Diebolt 10-14	15	145	17E	WO

CUSTOMER
Piqua Petro. Inc

MAILING/ADDRESS

CITY STATE ZIP CODE

* Safety meeting attendees

TRUCK #	DRIVER	TRUCK #	DRIVER
424	London		
582	Trampis		
68091	James		

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 7/8 BEUE</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>1177.5 - 86 (18)</u>	<u>Mississippi Fimestone</u>

TYPE OF TREATMENT
Acid spot + ABO

CHEMICALS

<u>Biocide</u>	<u>Trancontrol</u>
<u>Acid</u>	<u>Retarder</u>
<u>Inhibitor</u>	
<u>Maxsurf</u>	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<u>Breakdown perfs establish rate</u>		<u>4.5</u>			<u>700</u>	<u>1500</u> BREAKDOWN AT
<u>Acidize w/ 1100 gal -15% retarded HCL acid + (30) balls</u>		<u>5.5</u>			<u>600</u>	START PRESSURE
<u>staged thru-out acid - pump till max ball-off psi achieved</u>		<u>5.5</u>			<u>600</u>	END PRESSURE
<u>release balls to T.D.</u>		<u>4.0</u>			<u>1000</u>	BALL OFF PRESS <u>2500</u>
<u>OVERFLUSH</u>	<u>40 bbls / 1600</u>	<u>5.5</u>		<u>400-500</u>	<u>1500</u>	ROCK SALT PRESS
<u>TOTAL GAL</u>	<u>2400</u>			<u>400-500</u>	<u>2500</u>	ISIP <u>400</u>
						5 MIN <u>VACUUM</u>
						10 MIN
						15 MIN
						MIN RATE
						MAX RATE
						DISPLACEMENT <u>292 GAL</u>
						<u>6.9 bbls</u>

REMARKS: * hold safety-procedure meeting before frac ABO

Spilled 250 gal -15% HCL acid on perfs

Location 9:00 AM - 10:45 AM 45 miles

AUTHORIZATION [Signature] TITLE _____ DATE 7-21-15

Terms and Conditions are printed on reverse side.