



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1272374
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
-----------------------------------	-----------------	---

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: _____



1272374

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: _____ _____
--	---	---

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

Invoice

Date	Invoice #
11/4/2015	1074

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

P.O. No.	Terms	Project
	Due on receipt	

Quantity	Description	Rate	Amount
1,222	Drilling-- Diebolt 11-15.	6.25	7,637.50
1	Portable Pit	150.00	150.00
* 10	Cement for surface	11.60	116.00
1	Mississippi Bit Charge	800.00	800.00
875	Drilling-- Shannon 26-15	6.25	5,468.75
1	Portable Pit	150.00	150.00
10	Cement for surface	11.60	116.00
872	Drilling-- Shannon 27-15	6.25	5,450.00
1	Portable Pit	150.00	150.00
10	Cement for surface	11.60	116.00
Total			\$20,154.25



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9270 or 800-467-8676

4548
4655

TICKET NUMBER 49854
LOCATION Ottawa KS
FOREMAN Fred Mader

**FIELD TICKET & TREATMENT REPORT
CEMENT**

Invoice # 806110

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-16-15	4950	Dreboldt # 11-15	5E 15	24	17	W0
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Pigna Petroleum (Greg Hair)			712	Fred Mader		
MAILING ADDRESS			495	Harber		
1331 Xylan Rd			675	Kei Dat		
CITY	STATE	ZIP CODE	548	Tvator		
Pigna	KS	66761				

JOB TYPE Long string HOLE SIZE 6 7/8 HOLE DEPTH 1222 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 1218' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING 2 1/2" Plug
 DISPLACEMENT 7.1 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 46 BPM

REMARKS: Hold safety meeting. Rig up to 2 7/8" casing. Establish mix pump
Bentonite Gel. Circulate well to condition hole. Mix pump
25 SKS Three Blend Cement. Flush pump + lines clean. Displace
2 1/2" Rubber plug to casing ID. Pressure to 800* PSI. Release
pressure to set float valve.

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	40 mi	MILEAGE	495	286 ⁰⁰
CE0761	Minimum	Ten Miles Delivery	548	660 ⁰⁰
WE0853	2 hrs	80 BBL Vac Truck	675	200 ⁰⁰
		Sub Total		2646 ⁰⁰
		Less 40%		-1058 ⁴⁰
				1587 ⁶⁰
CC5861	25 SKS	Three Blend II Cement	675 ⁰⁰	
CC5965	1250#	Bentonite Gel	375 ⁰⁰	
CP 8174	1	2 1/2" Rubber Plug	45 ⁰⁰	
		Sub Total		1095 ⁰⁰
		Less 40%		-438 ⁰⁰
				657 ⁰⁰
			7.5%	SALES TAX
				49 ³⁵
				ESTIMATED TOTAL
				2293 ³⁵
				DATE (3790.88)

Revin 3737

AUTHORIZATION [Signature]

TITLE _____

DATE _____

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 for



LEIS OIL SERVICES

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



Operator License #: 30345	API #: 15-207-29291-00-00
Operator: Piqua Petro, Inc.	Lease: Diebolt
Address: 1331 Xylan Rd Piqua, KS 66761	Well #: 11-15
Phone: 620.433.0099	Spud Date: 10/12/15 Completed: 10/15/15
Contractor License: 32079	Location: SW-SW-SE-SE of 15-24-17E
T.D. : 1222 T.D. of Pipe: 1218 Size: 2.875"	165 Feet From South
Surface Pipe Size: 7" Depth: 21'	3965 Feet From West
Kind of Well: Oil	County: Woodson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
4	Soil/Clay	0	4	1	Shale	836	837
22	Lime	4	26	2	Lime	837	839
114	Shale	26	140	8	Shale/very little oil	839	847
17	Lime	140	157	317	Shale	847	1164
8	Shale	157	165	1	Lime	1164	1165
72	Lime	165	237	7	Lime/Oil	1165	1172
81	Shale	237	318	15	Lime/Little Oil	1172	1187
67	Lime	318	385	35	Lime	1187	1222
5	Shale/Black Shale	385	390				
26	Lime	390	416				
4	Black Shale	416	420				
26	Lime	420	446				
160	Shale	446	606				
4	Lime	606	610				
17	Shale	610	627				
11	Lime	627	638				
67	Shale	638	705				
3	Lime	705	708				
7	Shale	708	715				
23	Lime	715	738				
18	Shale	738	756		T.D.		1222
30	Lime	756	786		T.D. of Pipe		1218
3	Shale	786	789				
3	Black Shale	789	792				
1	Shale	792	793				
2	Lime	793	795				
40	Shale	795	835				
1	Lime	835	836				