

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1346466
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: _____

1346466

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Operator License #: 30345	API #: 15-001-31455-00-00
Operator: Piqua Petro, Inc.	Lease: Shannon
Address: 1331 Xylan Rd, Piqua, KS 66761	Well #: 33-16
Phone: (620) 433-0099	Spud Date: 11-04-16 Completed: 11-10-16
Contractor License: 34036	Location: NE-NW-SW-NW of 14-25-17E
T.D. : 856 T.D. of Pipe: 850 Size: 2.875"	1470 Feet From North
Surface Pipe Size: 7" Depth: 22'	500 Feet From West
Kind of Well: Oil	County: Allen

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
12	Soil	0	12	2	Lime	759	761
115	Shale	12	127	26	Shale	761	787
20	Lime	127	147	16	Oil Sand	787	803
8	Shale	147	155	53	Shale	803	856
59	Lime	155	214				
43	Shale	214	257				
101	Lime	257	358				
4	Shale/Black Shale	358	362				
31	Lime	362	393				
3	Lime	298	372				
3	Shale/Black Shale	393	396				
33	Lime	396	429				
170	Shale	429	599				
14	Lime	599	613				
49	Shale	613	662		T.D. of Pipe		850
9	Lime	662	671		T.D.		856
2	Shale	671	673				
10	Lime	673	683				
10	Shale	683	693				
3	Lime	693	696				
6	Shale	696	702				
3	Lime	702	705				
24	Shale	705	729				
6	Lime	729	735				
4	Shale	735	739				
6	Lime	739	745				
4	Shale	745	749				
4	Black Shale	749	753				
6	Shale	753	759				

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

Invoice

Date	Invoice #
12/3/2016	1130

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

P.O. No.	Terms	Project
	Net 30	

Quantity	Description	Rate	Amount
10	Cement for Surface	11.60	116.00
856	Drilling Shannon 33-16	5.25	4,494.00
1	Portable Pit	200.00	200.00
10	Cement for Surface	11.60	116.00
871	Drilling Shannon 34-16	5.25	4,572.75
1	Portable Pit	200.00	200.00
10	Cement for surface	11.60	116.00
882	Drilling Shannon 35-16	5.25	4,630.50
1	Portable Pit	200.00	200.00
10	Cement for Surface	11.60	116.00
1,242	Drilling JJ Startz	5.25	6,520.50
1	Mississippi Bit Charge	800.00	800.00
1	Portable Pit	200.00	200.00
Total			\$22,281.75

802 N. Industrial Rd.
 P.O. Box 664
 Iola, Kansas 66749
 Phone: (620) 365-5588

Payless Concrete Products, Inc.



CONDITIONS
 Concrete to be delivered to the nearest accessible point over passable road, under truck's own power. Due to delivery at owner's or intermediary's direction, seller assumes no responsibility for damages in any manner to sidewalks, roadways, driveways, buildings, trees, shrubbery, etc., which are at customer's risk. The maximum allotted time for unloading trucks is 5 minutes per yard. A charge will be made for holding trucks longer. This concrete contains correct water contents for strength or mix indicated. We do not assume responsibility for strength test when water is added at customer's request. Contractor must provide place for truck to wash out. A \$30 charge will be added per truck if contractor does not supply a place to wash truck out. Tow charges are buyers responsibility.

NOTICE TO OWNER
 Failure of this contractor to pay those persons supplying material or services to complete this contract can result in the filing of a mechanic's lien on the property which is the subject of this contract.

PIQUA
 PIQUA PETRO, INC.
 1331 XLAN RD

LEASE: SHANNON #38-16

54 W TO 600RD S 3MI TO MINNESOTA
 RD W TO COUNTY LINE JUST PAST
 YARROW RD SSD FOLLOW PATH

PIQUA KS 66761

TIME	FORMULA	LOAD SIZE	YARDS ORDERED	DRIVER/TRUCK	PLANT/TRANSACTION #	
2:14 PM	WELL	11.50	11.50	33	ALLCO	
DATE	LOAD #	YARDS DEL	BATCH #	WATER TRIM	SLUMP	TICKET NUMBER
11/10/16	1	11.50	14	0.00	4.00 in	41750

WARNING
IRRITATING TO THE SKIN AND EYES
 Contains Portland Cement. Wear Rubber Boots and Gloves. PROLONGED CONTACT MAY CAUSE BURNS. Avoid Contact With Eyes and Prolonged Contact With Skin. In Case of Contact With Eyes, Flush Thoroughly With Water. If Irritation Persists, Get Medical Attention. KEEP CHILDREN AWAY.

CONCRETE is a PERISHABLE COMMODITY and BECOMES the PROPERTY of the PURCHASER UPON LEAVING the PLANT. ANY CHANGES OR CANCELLATION of ORIGINAL INSTRUCTIONS MUST be TELEPHONED to the OFFICE BEFORE LOADING STARTS.

The undersigned promises to pay all costs, including reasonable attorneys' fees, incurred in collecting any sums owed.

All accounts not paid within 30 days of delivery will bear interest at the rate of 10% per annum.

Not Responsible for Reactive Aggregate of Color, Strength or Finish. No Refund Made at Time Material is Delivered.

A \$30 Service Charge and Loss of the Cash Discount will be collected on all Returned Checks.

Excess Delay Time Charged @ \$20/HR.

PROPERTY DAMAGE RELEASE
 (TO BE SIGNED IF DELIVERY TO BE MADE INSIDE CURB LINE)

Dear Customer-The driver of this truck in presenting this RELEASE to you for your signature is of the opinion that the size and weight of his truck may possibly cause damage to the premises and/or adjacent property if it places the material in the load where you desire it. It is our wish to help you in every way that we can, but in order to do this the driver is requesting that you sign this RELEASE relieving him and the supplier from any responsibility from any damage that may occur to the premises and/or adjacent property, buildings, sidewalks, driveways, curbs, etc., by the delivery of the material, and that you also agree to help him remove mud from the wheels of his vehicle so that he will not enter the public street. Further, as additional consideration, the undersigned agrees to indemnify and hold harmless the driver of the truck and the supplier for any and all damage to the premises and/or adjacent property which may be claimed by anyone to have arisen out of delivery of this order.

SIGNED _____

Excessive Water is Detrimental to Concrete Performance
 H₂O Added By Request/Authorized By _____

GAL X _____

WEIGHMASTER _____

LOAD RECEIVED BY: _____

QUANTITY	CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
11.50	WELL	WELL (10 SACKS PER UNIT)	11.50	
11.50	MIX & HAUL	MIXING AND HAULING	11.50	
1.50	TRUCKING	TRUCKING CHARGE	1.50	

\$805.00
 \$287.50
 \$75.00
 \$9048

RETURNED TO PLANT	LEFT JOB	FINISH UNLOADING	DELAY EXPLANATION/CYLINDER TEST TAKEN	TIME ALLOWED
3:50	3:30	3:25	1. JOB NOT READY 2. SLOW POUR OR PUMP 3. TRUCK AHEAD ON JOB 4. CONTRACTOR BROKE DOWN 5. ADDED WATER 6. TRUCK BROKE DOWN 7. ACCIDENT 8. CITATION 9. OTHER	
LEFT PLANT	ARRIVED JOB	START UNLOADING		TIME DUE
2:30	3:00	3:05		
TOTAL ROUND TRIP	TOTAL AT JOB	UNLOADING TIME		DELAY TIME
1:25				

TAX .7.75
 ADDITIONAL CHARGE 1 _____
 ADDITIONAL CHARGE 2 _____
 GRAND TOTAL ▶ 1257.98

MIDWEST SURVEYS, INC.

Invoice

PO BOX 68
 OSAWATOMIE, KS 66064
 913-755-2128

Date	Invoice #
12/16/2016	35131

Bill To
PIQUA PETRO, INC. 1331 XYLAN RD PIQUA, KS 66761

Ship To
SHANNON 33-16 ALLEN CO, KS

Customer Order No.	Terms
G LAIR	G LAIR

Qty	Description	Amount
1	GAMMA RAY / NEUTRON / CCL	565.00
34	2" DML RTG	
	TWO (2) PERFORATIONS PER FOOT	
	MINIMUM CHARGE -- TEN (10) PERFORATIONS	790.00
	TWENTY FOUR (24) ADDITIONAL PERFORATIONS @ \$ 22.00 EA	528.00
	ONE (1) ADDITIONAL RUN	525.00
	PERFORATED AT: 787.0 TO 803.0	
Net Due Upon Receipt		Total \$2,408.00
Late Charge of 1 - 1/2 % per Month on Accounts over 30 Days		

Phone #
913-755-2128