

Confidentiality Requested:

Yes No

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION**

Form ACO-1

January 2018

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD

Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Recompletion Date _____ Date Reached TD _____ Completion Date or Recompletion Date _____

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
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) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Leis Oil Services, LLC
 1410 150th Rd
 Yates Center, KS 66783

Invoice

Date	Invoice #
8/14/2018	1232

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

P.O. No.	Terms	Project
	Net 30	

Quantity	Description	Rate	Amount
1	Drill pit for Diebolt 12-18	100.00	100.00
* - 12	Cement for surface	14.75	177.00
1,242	Drilling for Diebolt 12-18	5.25	6,520.50
1	Bit charge for drilling in Mississippi	800.00	800.00
Date: 8/8/18			
Db			
		Total	\$7,597.50



PRESSURE PUMPING LLC
PO Box 884, Chanute, KS 66720
620-431-8210 or 800-467-8678

Sm-11274
PO-17566
FT-11162

TICKET NUMBER 54095
LOCATION Chanute, KS
FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 813502

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY			
2/3/18	4950	Diebolt #12-18	SE 15	24	17	WO			
CUSTOMER Piqua Petroleum									
MAILING ADDRESS 1331 Xylan Rd									
CITY Piqua		STATE KS	ZIP CODE 66761						
		TRUCK #		DRIVER		TRUCK #		DRIVER	
		729		CosKen		729		Sidel, Meeting	
		4167		KeiCar		4167			
		503		HarBer		503			
		695		KeiDet		695			

JOB TYPE logstring HOLE SIZE 6 1/8" HOLE DEPTH 1242' CASING SIZE & WEIGHT 2 1/4" EUE
 CASING DEPTH 1237' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.4 #/gal SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING _____
 DISPLACEMENT 7.16 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: hold safety meeting, established circulation, mixed & pumped 1200# gel and circulated to condition hole, mixed & pumped 25 sks Thixoblend II cement, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 7.16 bbls fresh water, pressured to 800 PSI, released pressure to set float valve.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	
CE0002	40 mi	MILEAGE	286.00	
CE0711	min	ten mileage	660.00	
WE0853	3 hrs	80 Vac	300.00	
		trucks	2746.00	
		-30%	823.80	
		Subtotal		1922.20
CC5861	25 sks	Thixoblend II cement	675.00	
CC5965	1200 #	Gel	360.00	
CP5176	1	2 1/2" rubber plug	45.00	
		materials	1080.00	
		-30%	324.00	
		Subtotal		756.00
			7.5%	SALES TAX
				56.70
				ESTIMATED TOTAL
				2734.90
				(3907.00)

SCANNED

Revin 3737

AUTHORIZATION No Co Rep 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 form.

Operator License #: 30345	API #: 15-207-29602-00-00
Operator: Piqua Petro, Inc.	Lease: Diebolt
Address: 1331 Xylan Rd Piqua, KS 66761	Well #: 12-18
Phone: (620) 433-0099	Spud Date: 08-01-18 Completed: 08-03-18
Contractor License: 34036	Location: W2/SW/NE/SE of 15-24-17E
T.D. : 1242 T.D. of Pipe: 1237 Size: 2.875"	1650 Feet From South
Surface Pipe Size: 7" Depth: 22'	4200 Feet From West
Kind of Well: Oil	County: Woodson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
3	Gravel	0	3	28	Shale	1121	1169
2	Clay	3	5	1	Coal	1169	1170
36	Lime	5	41	8	Shale	1170	1178
109	Shale	41	150	9	Lime	1178	1187
16	Lime	150	166	8	Lime/Good Odor	1187	1195
13	Shale	166	179	2	Lime/Lighter Odor	1195	1197
76	Lime	179	255	8	Lime/Faint Odor	1197	1205
72	Shale	255	327	37	Lime	1205	1242
102	Lime	327	429				
3	Black Shale	429	432				
24	Lime	432	456				
166	Shale	456	622				
4	Lime	622	626				
17	Shale	626	643				
12	Lime	643	655				
15	Shale	655	670				
2	Lime	670	672				
53	Shale	672	725				
2	Lime	725	727				
6	Shale	727	733				
12	Lime w/ shale stks	733	745				
10	Shale	745	755				
4	Lime	755	759		T.D.		1242
38	Shale	759	797		T.D. of Pipe		1237
6	Lime	797	803				
12	Shale/Black Shale	803	815				
3	Lime	815	818				
301	Shale	818	1119				
2	Lime	1119	1121				