

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

Operator: License # 30345
 Name: PIQUA PETRO INC
 Address: 1331 XLAN ROAD
 City/State/Zip: PIQUA, KS 66761
 Purchaser: MACLASKEY
 Operator Contact Person: GREG LAIR
 Phone: (620) 433-0099
 Contractor: Name: PIQUA PETRO INC
 License: 30345
 Wellsite Geologist: N/A
 Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, 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./SWD
 Plug Back Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

<u>9-18-06</u>	<u>9-21-06</u>	<u>11-4-06</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 207-27055-0000
 County: WOODSON

 feet from S / (N) (circle one) Line of Section
 feet from (E) / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW (SW)
 Lease Name: SYLVIA ELLIS Well #: N 03-06
 Field Name: NEOSHO FALLS
 Producing Formation: SQUIRREL
 Elevation: Ground: N/A Kelly Bushing: N/A
 Total Depth: 945 Plug Back Total Depth: 937.5
 Amount of Surface Pipe Set and Cemented at 40 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from SURFACE
 feet depth to 937.5 w/ 125 _____ sx cmt.
ACT II WITHM 4-2-07

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 No.: _____
 Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
 County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: [Signature]
 Title: PRESIDENT Date: MARCH 8, 2007
 Subscribed and sworn to before me this 8TH day of MARCH,
20 07.
 Notary Public: Brenda L. Morris
BRENDA L. MORRIS
 Date Commission Expires: MAY 20, 2010

BRENDA L. MORRIS
 Notary Public - State of Kansas
 My Appt. Expires 5-20-10

KCC Office Use ONLY

N Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

RECEIVED
 KANSAS CORPORATION COMMISSION

MAR 15 2007

CONSERVATION DIVISION
 WICHITA, KS

Operator Name: PIQUA PETRO INC Lease Name: SYLVIA ELLIS Well #: N 03-06
 Sec. 31 Twp. 23 S. R. 17 East West County: WOODSON

INSTRUCTIONS: Show important tops and base 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. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run:			

CASING RECORD <input type="checkbox"/> New <input checked="" 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
SURFACE	12"	7"		40'	PORTLAND	22	
LONG STRING	5 5/8"	2 7/8"		937.5'	60/40 POZ	125	

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				

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
11	886-896	SPOTTED 55 GAL. 15% HCL ACID	886-892

TUBING RECORD		Size 2 7/8"	Set At 937.5	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. 11-4-06		Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	1		1	1:1	25

Disposition of Gas METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
(If vented, Submit ACO-18.) Other (Specify)

CONSOLIDATED OIL WELL SERVICES, INC.
P.O. BOX 884, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

TICKET NUMBER 08883
LOCATION Ottawa KS
FOREMAN Fred Mader

TREATMENT REPORT & FIELD TICKET
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-21-06	4950	Sylvia Ellis	31	23	17	WO
CUSTOMER <u>Pigua Petroleum</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>1331 Xylam Rd</u>			<u>506</u>	<u>Fremad</u>		
CITY <u>Pigua</u>			<u>164</u>	<u>Rick Arb</u>		
STATE <u>KS</u>			<u>370</u>	<u>Mark Wil</u>		
ZIP CODE <u>66761</u>			<u>122</u>	<u>Bill Du</u>		

JOB TYPE Surface HOLE SIZE 12" HOLE DEPTH 40' CASING SIZE & WEIGHT 7"
CASING DEPTH 40' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING 10'
DISPLACEMENT 1.6 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4BPM

REMARKS: Establish Circulation. Mix Pump 25 sks Class A
Portland Cement 2% Gal 2% Calcium Chloride. Displace
Casing clean w/ 1.6 BBLs Fresh water. Shut in
Casing

Fred Mader

Nick Brown Dtg.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE Surface Cement 164		620 ⁰⁰
5406	55 mi	MILEAGE Pump Truck 164		173 ²⁵
5407	Minimum	Ten Mileage 122		275 ⁰⁰
5502C	3 hrs	80 BBL Vac Truck 370		270 ⁰⁰
11045	22 sks	Class A Portland Cement		247 ⁵⁰
1118B	47#	Premium Gal		65 ⁰⁰
1102	47#	Calcium Chloride		30.0 ⁰⁰
		Sub Total		1628 ⁴¹
		Tax @ 6.3%		17.90
		RECEIVED		
		KANSAS CORPORATION COMMISSION		
		MAR 15 2007		
		CONSERVATION DIVISION		
		WICHITA, KS		
		SALES TAX		
		ESTIMATED TOTAL		1640.31

AUTHORIZATION _____

TITLE Worth 209251

DATE _____

CONSOLIDATED OIL WELL SERVICES, INC.
P.O. BOX 884, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

TICKET NUMBER 08929
LOCATION Ottawa KS
FOREMAN Fred Maden

TREATMENT REPORT & FIELD TICKET
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-5-06	4950	Sylvia Ellis* N03-06	31	23	17	WD
CUSTOMER Piqua Petroleum			TRUCK #			
MAILING ADDRESS % Greg Lair 1331 Xylan Rd			DRIVER			
CITY Piqua			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66761			TRUCK #			
			DRIVER			

JOB TYPE Longstring HOLE SIZE 5 5/8 HOLE DEPTH 950' CASING SIZE & WEIGHT 2 1/2" EUE
 CASING DEPTH 942' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT S.S.BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 43PM

REMARKS: Check casing depth w/ measuring line. Mix + Pump 100# Premium Gel Flush. Mix + Pump 129 sks 60/40 per mix Cement, 2 1/2" Gel 1/4" Flo Seal per sack. Cement to Surface. Flush pump & lines clean. Displace 2 1/2" Rubber plug to casing TD w/ S.S.BBL Fresh Water. Pressure to 900# PSI. Shut in casing.
Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Cement Pump 495		800.00
5406	55 mi	MILEAGE Pump Truck 495		173.25
5407	5.334 Ton	Ton mileage 503		308.10
5501C	3 hrs	Trucks port 505-T106		294.00
1131	125 sks	60/40 Per Mix Cement		1168.75
1118B	313 #	Premium Gel		43.82
1107	32 #	Flo Seal		57.60
4402	1	2 1/2" Rubber Plug		20.00
Sub Total				2665.42
RECEIVED				
KANSAS CORPORATION COMMISSION				
Tax @ 6.3%				81.28
MAR 15 2007				
CONSERVATION DIVISION				
WICHITA, KS				
SALES TAX				
ESTIMATE TOTAL				2946.70

TITLE Watt 209699

DATE 10/5/06

RVICES, INC.
 WICHITA, KS 66720
 8676

TICKET NUMBER 37783
 FIELD TICKET REF # 36240
 LOCATION Thayer
 FOREMAN Greg Wild

**TREATMENT REPORT
 FRAC & ACID**

CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4950	Sylvia Ellis 03-06	31	235	17E	400
Company Name DBA Piquis Petroleum		TRUCK #	DRIVER	TRUCK #	DRIVER
Billing Address		293	George		
City		462	Randy		
State		486/T102	Steve H.		
Zip Code		449	Eric		

WELL DATA

CASING SIZE <u>2 7/8</u>	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
686-96 (11)	Saturated

TYPE OF TREATMENT
Acid Spot / Sand Fracture

CHEMICALS

Customer Water	55 15% HCl Acid
20# Gel	
Breaker	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI
Pod	15	15			BREAKDOWN 1800
20/40		15-12	.25	500	START PRESSURE 1850
12/40		12-11	.5-15	1500	END PRESSURE 1700
Clamp 2 balls		"			BALL OFF PRESS
12/20		11	.25-2	2000	ROCK SALT PRESS
Flush	5	11-15			ISIP 400
Overflush	5				5 MIN
					10 MIN
					15 MIN
Totals	125	115		4000	MIN RATE 11
					MAX RATE 16
					DISPLACEMENT 5.2

REMARKS: Spot 55 Acid to parts - breakdown and stage

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CONSERVATION DIVISION
 WICHITA, KS

AUTHORIZATION _____ TITLE _____ DATE _____