

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 30345
 Name: PIQUA PETRO INC
 Address: 1331 XYLAN 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. _____
10-6-06 10-12-06 1-22-07
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 .207-27057-0000
 County: WOODSON
NW - SW NE SW Sec. 16 Twp. 24 S. R. 16 East West
1900 feet from S N (circle one) Line of Section
1480 feet from E / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: WINGRAVE Well #: 22-06
 Field Name: VERNON
 Producing Formation: SQUIRREL
 Elevation: Ground: N/A Kelly Bushing: N/A
 Total Depth: 1110 Plug Back Total Depth: 1091.9
 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 1091.9 w/ 140 sx cmt.
ACT II WITH CP-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: 3-8-07
 Subscribed and sworn to before me this 8TH day of MARCH,
20 07.
 Notary Public: BRENDA L. MORRIS [Signature]
 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: WINGRAVE Well #: 22-06
 Sec. 16 Twp. 24 S. R. 16 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy) 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 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 IN	7 IN		40 FT	PORTLAND	15	
LONG STRING	5 5/8 IN	2 7/8 IN		1091.9 FT	60/40 POZ	140	

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 (Amount and Kind of Material Used)	
			Depth
11 PERFS	1041' - 1051-	SPOTTED 75 GAL OF 15% HCL ACID	1041-1051

TUBING RECORD	Size <u>2 7/8</u>	Set At <u>1091.9</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumerd Production, SWD or Enhr. <u>1-22-07</u>	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls. <u>1</u>	Gas Mcf	Water Bbls. <u>1</u>	Gas-Oil Ratio <u>1:1</u>	Gravity <u>32</u>
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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) _____

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

TICKET NUMBER 16436
 LOCATION EUREKA
 FOREMAN Kevin McCoy

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-25-06	4950	WINGRAVE 22-06	16	245	16E	Woodson
CUSTOMER <u>Piqua Petroleum</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>1331 Xylon Rd.</u>			<u>445</u>	<u>Justin</u>		
CITY <u>Piqua</u>			<u>602</u>	<u>Calin</u>		
STATE <u>Ks</u>			<u>452 763</u>	<u>John</u>		
ZIP CODE						

JOB TYPE Longstring HOLE SIZE 5 3/4" HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING 1100' 2 7/8 Euc OTHER _____
 SLURRY WEIGHT 14" SLURRY VOL 35 BBL WATER gal/sk 6.7 CEMENT LEFT in CASING 0'
 DISPLACEMENT 6.3 BBL DISPLACEMENT PSI 700 ~~PSI~~ 1300 Shut IN RATE _____

REMARKS: SAFETY Meeting: Rig up to 2 7/8 Tubing. Break Circulation w/ 15 BBL Fresh water. Pump 4 sks Gel Flush, 10 BBL water spacer. Mixed 140 sks 60/40 Pozmix Cement w/ 4% Gel, 1% CaCl2 @ 14" per gal, yield 1.40. Shut down. Wash out Pump & Lines. Drop Plug. Displace w/ 6.3 BBL Fresh water. FINAL Pumping Pressure 700 PSI. Bump Plug to 1300 PSI. Shut tubing in @ 1300 PSI. Good Cement Returns to Surface = 7 BBL Slurry. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	800.00	800.00
5406	35	MILEAGE <u>1st Well of 2</u>	3.15	110.25
1131	140 sks	60/40 Pozmix Cement	9.35	1309.00
1118 A	500 *	Gel 4%	.14 *	70.00
1102	120 *	CaCl2 1%	.64 *	76.80
1118 A	200 *	Gel Flush	.14 *	28.00
5407 A	6.02 Tons	35 miles BULK TRUCK	1.05	221.24
5501 C	3 HRS	Water Transport	98.00	294.00
1123	4200 gals	City Water	12.80 ^{per 1000}	53.76
4402	1	2 7/8 Top Rubber Plug	20.00	20.00
			Sub Total	2983.05
		THANK YOU	6.3%	SALES TAX
				98.13

AUTHORIZATION witnessed By Greg LAIR TITLE owner
 ESTIMATED TOTAL RECEIVED 210013
 KANSAS CORPORATION COMMISSION
 DATE MAR 15 2007
 CONSERVATION DIVISION
 WICHITA, KS

OIL WELL SERVICES, INC. LLC
 CHANUTE, KS 66720
 OR 800-467-8676

1st well

TICKET NUMBER **42100**
 FIELD TICKET REF # 36239
 LOCATION Thayer
 FOREMAN S. Winn / G. Wikel

**TREATMENT REPORT
 FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-22-07	495	Wingrave 22-06	16	24S	16E	120
CUSTOMER						
Greg Loir						
Mailing Address						
1331 Xylan Rd						
CITY		STATE	ZIP CODE			
Piqua		Ks	66761			
TRUCK # DRIVER TRUCK # DRIVER						
293 George						
482 Randy						
488/T102 Steve H						
455/T-95 Danny						
449 Eric						

WELL DATA	
CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE 2 7/8	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
1091 - 51 (11)	Squirted

TYPE OF TREATMENT
 Acid spots & Frac

CHEMICALS	
Frac Gel	
Breaker	
15% HCl	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI
Pad	15				62.90
24/40	91			500#	BREAKDOWN 25.9
12/40				2000#	START PRESSURE 1700
Flush 4.5 Balls				5 Balls	END PRESSURE 2100
12/40				1500#	BALL OFF PRESS
					ROCK SALT PRESS
					ISIP 500
					5 MIN
					10 MIN
					15 MIN
Flush	6				MIN RATE 12
Over flush	3				MAX RATE 15
					DISPLACEMENT 61
Total water	117				

REMARKS: spotted 75 GAL 15% HCl / Circulation well / stopped twice /
 Established Pump Rate of 15.5 BPM / Ran 15.5 Bbl Pad / Ran 15.5 Bbl /
 At shut / Switch to 12/40 And Ran 2000 # / Flush + Dropped 5 Balls /
 Ran 1500 # 12/40 / Flushed to Balls / Released Balls / Pump 5 Gal
 Over flush

AUTHORIZATION _____ TITLE _____ DATE _____

3/11/19

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 KANSAS CORPORATION COMMISSION
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 WICHITA, KS