## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

## WELL COMPLETION FORM

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION WELL COMPLETION FORM	ORICIA S
WELL COMPLETION FORM	1/6////
<b>WELL HISTORY - DESCRIPTION OF WELL &amp; LE</b>	ASE //

Form ACO-1 September 1999 rm Must Be Typed

Operator: License # \_\_\_\_\_\_30345 API No. 15 - 207-27056-0000 County: WOODSON Name: PIOUA PETRO INC Address: 1331 XYLAN ROAD NW - NW- NE- SW Sec.16 Twp. 24 S. R.16 K East West City/State/Zip: PIQUA, KS feet from S/ N (circle one) Line of Section Purchaser: MACLASKEY feet from E / (W) (circle one) Line of Section Operator Contact Person: \_\_GREG LAIR Footages Calculated from Nearest Outside Section Corner: Phone: (\_620) 433-0099 (circle one) NE SE Contractor: Name: PIQUA PETRO INC WINGRAVE Well #:23-06 Lease Name: \_\_ License: 30345 Field Name: VERNON N/A Producing Formation: SQUIRREL Wellsite Geologist: \_\_\_\_ N/A Kelly Bushing: N/A Designate Type of Completion: Elevation: Ground:\_\_ X New Well \_\_\_\_ Re-Entry \_\_\_ Workover Total Depth: 1110 Plug Back Total Depth: 1093 \_\_\_\_\_ SWD \_\_\_\_\_ SIOW \_\_\_\_\_Temp. Abd. Amount of Surface Pipe Set and Cemented at \_\_\_\_ \_\_\_ ENHR \_\_\_\_ SIGW \_\_\_\_ Gas Multiple Stage Cementing Collar Used? Yes X No \_\_\_ Drv \_\_\_ Other (Core, WSW, Expl., Cathodic, etc) If yes, show depth set \_\_\_\_ \_\_ Feet If Workover/Re-entry: Old Well Info as follows: SURFACE If Alternate II completion, cement circulated from\_\_\_\_ feet depth to \_\_\_1093 w/ 140 Operator: \_\_ Well Name: \_\_\_ Drilling Fluid Management Plan Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_ (Data must be collected from the Reserve Pit)

Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbis \_\_ Deepening Re-perf. \_Conv. to Enhr./SWD \_\_ Plug Back\_ \_ Plug Back Total Depth Dewatering method used. \_\_ Commingled Docket No .... Location of fluid disposal if hauled offsite: \_\_ Dual Completion Docket No.\_\_ Operator Name: \_ Other (SWD or Enhr.?) Docket No.\_ Lease Name: License No.: 10-16-06 10-19-06 Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date 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. KCC Office Use ONLY Signature:

\_\_ Date:\_\_<u>3-8</u>-07

Notary Public - State of Kansas

My Appt. Expires 5-20-1

Subscribed and sworn to before me this 8TH\_day of MARCH\_

MAY 20, 2010

Notary Public: BRENDA L. MORRIS

Date Commission Expires:

<sub>20</sub> 07

KCC WICHIIA

RECEIVED

MAR 2 6 2007

Letter of Confidentiality Received If Denied, Yes Date:\_

Wireline Log Received

\_\_\_\_ UIC Distribution

**Geologist Report Received** 

		a ()	Side	TWO				ंद्रक: <b>∮</b> र्ष	
perator Name: <u>PIC</u>	OUA PETRO IN	$\mathcal{J}O$	Lease	Name: 1	WINGRAVE		Well #: 23-	•	•
ec. 16 Twp. 24		X East We	İ		ODSON		· · · · · · · · · · · · · · · · · · ·		1
ISTRUCTIONS: Sho sted, time tool open a mperature, fluid recov ectric Wireline Logs s	w important tops an and closed, flowing very, and flow rates	d base of format and shut-in press if gas to surface	ions penetrated. sures, whether sh test, along with fi	ut-in pres	ssure reached s	static level, hydros	tatic pressure	s, bottom hole	*
rill Stem Tests Taken (Attach Additional St	neets)	Yes X	No	_Lo	g Formatio	on (Top), Depth an	d Datum	Sample	
amples Sent to Geolo	ogical Survey	☐ Yes 🛛	No	Name	)		Тор	Datum	
ores Taken lectric Log Run (Submit Copy)			No No						
ist All E. Logs Run:									
*** · · · · · · · · · · · · · · · · · ·			ASING RECORD	Ne		tion, etc.			
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.	Casing Weigh		Setting Depth	Type of Cement	# Sacks Used	Type and Perc Additives	ent
SURFACE	10 1/4 IN	7 IN			40 FT	PORTLAND	15		
LONGSTRING	5 5/8 IN	2 7/8	IN		1093 FT	60/40 POZ	140		
X. (1 1/11)	7. 1. C.			-		÷ -			
	* <del>************************************</del>	: ADDI	TIONAL CEMENTI	NG / SQU	EEZE RECORD	)			
Purpose:  —— Perforate  —— Protect Casing  —— Plug Back TD  —— Plug Off Zone	Depth Top Bottom	Type of Ceme	ent #Sacks	Used		Type and Pe	ercent Additives		
Shots Per Foot		ON RECORD - Bri	dge Plugs Set/Type erval Perforated	<u> </u>		cture, Shot, Cement mount and Kind of Ma		rd Der	oth
11 PERFS	1038.5-1048.5				SPOTTED 7	5 GAL 15%	HCL ACID	1038.	5-104
TUBING RECORD	Size 2 7/8	Set At 1093	Packer A	At	Liner Run {	Yes X No			
Date of First, Resumerd 1-22-07	Production, SWD or E		cing Method	Flowing	g XPumpi	ing Gas Lif	Oth	er (Explain)	
Estimated Production Per 24 Hours	Oil 1	Bbls. G	as Mcf	Wate			as-Oil Ratio	Grav 32	ity
Disposition of Gas	METHOD OF C	OMPLETION		}	Production Inte	rval	1.1	J2.	J
Vented Sold	X Used on Lease		en Hole X Peri	f. 🔲 [	Dually Comp.	Commingled			

## SOLIDATED OIL WELL SERVICES, INC. **S. BOX 884, CHANUTE, KS 66720** 620-431-9210 OR 800-467-8676

TICKET NUMBER	16437
LOCATION EUREKA	
FOREMAN KEVIN M	1°Coy

## TREATMENT REPORT & FIELD TICKET **CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
10-25-06	4/950	WINGRAVE 23-0	16	245	165	woodson	
CUSTOMER		•				100	
Pig	PUA PETRO	leum		TRUCK #	DRIVER	TRUCK#	DRIVER
MAILING ADDRE				445	Justin		<u> </u>
133	1 ×ylon	fd.		442	Jeff		
YTIC		1 I	]	452 T63	John		
PIQUA		Ks	_				·
JOB TYPE LON	195HRING	HOLE SIZE 53/4	HOLE DEPT	'H	CASING SIZE & V	VEIGHT	
			_TUBING	03' 278 EL	<u>/C</u>	OTHER	
		SLURRY VOL 35 BOL				CASING O'	
DISPLACEMENT	6.3 BbL	DISPLACEMENT PSI 700	### PSI_//	00 Shut in	RATE	· · · · · · · · · · · · · · · · · · ·	
REMARKS: 57	afety Mee	ting: Rigup to	278 7	ubing . BR	BAK CIRC	elation o	W/ 15 BG
fresh	water. A	imp 4 sks Gel f	Jush 1	o BOL WATE	R SPACER.	MIXed	140 5ks
60/40	Pozmix C	ement w/ 4% Ge	L. 1%	CACLZ @ 1	4 # poc/gal	Vield 1.	40.
SHUT do	was was	out Rump & Line	s. DROP	Plug- Dis	place up	-3 BbL	fresh.
water.	FINAL A	imping Pressure	700 ASI.	Bump Pl	19 to 1100	ASI. SHU	+ Tubma
1N @	1100 PS1.	Good Cement A	tuens	to SURFACE	= 7 BbL	Slurry.	
		Rig down.					
	7						

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	800.00	800.00
5406	<del>-9-</del>	MILEAGE 2 MCLL OF 2	-6-	-6-
//31	140 sks	60/40 POZMIX Cament	9.35	1309.00
1118 A	500 #	GeL 4%	.14#	70.00
1102	120 #	CACLZ	.64 *	76.80
1118 A	200 #	Gel Flush	,144	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 m	53.76
4402		27/8 Top Rubber Plug	20-00	20.00
			Sub Total	
		THANK YOU 6.3	SALES TAX	98.13
		8100/K	ESTIMATED TOTAL	2970.98

AUTHORIZATION WHINESSED BY GREG LAIR

TITLE OWNER

DATE MAR 26

CONSOLIDATED OIL WELL SERVICES, INC. L LC

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Wind States and the states

P.O. BUX 884 CHANUTE, KS 66720 620-431-9210 OR 800-467-8676

AUTHORIZATION

TICKET NUMBER

LOCATION Thaye down the FOREMAN 5

PRINCIPALIST OF BUILDING OFFICE OFFIC

FIELD TICKET REF # 36 239 1

DATE 4 CUSTOMER#	ਸ਼ੁੱਖ ਨੂਸ ਦੂ WELL	NAME & NUMB	ER	SECTION	TOWNSHIP	RANGE	COUNT
Complete Same Same	July range town	<del>eg verste, på skjung filmer</del>	<del></del>	76	Januar Mark	16 E	400
2 757 970 DE VOLGAL OF CA	7 3		<i>υ</i> υ		Maria Maria	(1,51/1, <b>9</b> ,5-()	Jean ZV
	SOPHOLO 29	· .		TR⊍CK#⊖∷	DRIVER	TRUCK#	DRIVE
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