

KE
9/10/09

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 30345
Name: Piqua Petro, Inc.
Address 1: 1331 Xylan Rd
Address 2: _____
City: Piqua State: KS Zip: 66761 +
Contact Person: Greg Lair
Phone: (620) 433-0099
CONTRACTOR: License # 32079
Name: ~~Leis Oil Services~~ LEIS, JOHN E.

Wellsite Geologist: _____
Purchaser: Maclaskey
Designate Type of Completion:
 New Well _____ Re-Entry _____ Workover
 Oil _____ SWD _____ SIOW
_____ Gas _____ ENHR _____ SIGW
_____ CM (Coal Bed Methane) _____ Temp. Abd.
_____ 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. _____ Conv. to SWD
_____ Plug Back: _____ Plug Back Total Depth
_____ Commingled _____ Docket No.: _____
_____ Dual Completion _____ Docket No.: _____
_____ Other (SWD or Enhr.?) _____ Docket No.: _____
07/20/09 07/23/09 08/28/09
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 207-27462-0000
Spot Description: _____
NE NE SE Sec. 16 Twp. 25 S. R. 17 East West
2440 Feet from North / South Line of Section
170 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Woodson
Lease Name: Collins-Bennett Well #: 08-08

Field Name: Humboldt-Chanute
Producing Formation: Squirrel
Elevation: Ground: _____ Kelly Bushing: _____
Total Depth: 900 Plug Back Total Depth: 892
Amount of Surface Pipe Set and Cemented at: 23 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 892
feet depth to: surface w/ 110 sx cmt.

Drilling Fluid Management Plan Att II nr 9-9-09
(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: September 2, 2009
Subscribed and sworn to before me this 2nd day of September
20 09
Notary Public: Brenda L. Morris
Date Commission Expires: May 20, 2010

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

KCC Office Use ONLY
 Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
RECEIVED
SEP 03 2009

KCC WICHITA

Operator Name: Piqua Petro, Inc. Lease Name: Collins-Bennett Well #: 08-08
 Sec. 16 Twp. 25 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> 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 <i>(Submit Copy)</i> List All E. Logs Run: Gamma Ray/Neutron ✓	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input checked="" 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
Surface	9.875"	7"		23'	Regular	8sx	
Longstring	5.625	2 7/8"		892'	60/40 Pozmix	110 sx	2% gel

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
1 every 9"	Perf w/14 shots from 829' to 839'	Spot 75 gal 15% HCL on perfs	

TUBING RECORD: Size: 1" Set At: 892 Packer At: Liner Run: Yes No

Date of First, Resumed Production, SWD or Enhr. 8/28/09 Producing Method: Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls. <u>1</u>	Gas Mcf <u> </u>	Water Bbls. <u>1</u>	Gas-Oil Ratio <u>1:1</u>	Gravity <u>24</u>
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) <u> </u>	PRODUCTION INTERVAL: <u> </u>
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MC ID # 10029U
 Shop # 620 437-2661
 Cellular # 620 437-7582
 Office # 316 685-5908
 Office Fax # 316-685-5926
 Shop Address: 3613A Y Road
 Madison, KS 66860

Hurricane Services, Inc.
 P.O. Box 782228
 Wichita, KS 67278-2228

Cement, Acid or Tools
 Service Ticket
 3306

DATE 7-27-09

COUNTY Woodson CITY _____

CHARGE TO Pigua Petro, Inc.

ADDRESS _____ CITY _____ ST _____ ZIP _____

LEASE & WELL NO. Collins Bennett #08-08 CONTRACTOR John Leis

KIND OF JOB LongString SEC. 16 TWP. 25s RNG. 17

DIR. TO LOC. _____ OLD NEW

Quantity	MATERIAL USED	Serv. Charge	
			700.00
110 sks	60/40 Pozmix cement		1138.50
190 lbs	Gel 2%		47.50
100 lb	Gel > Flush Ahead		25.00
3 Hrs	water Truck #193	RECEIVED	240.00
	BULK CHARGE		
4.88 Ton	BULK TRK. MILES	SEP 03 2009	268.40
0	PUMP TRK. MILES Trk. in Area	KCC WICHITA	N/C
1	PLUGS 2 7/8" Top Rubber		17.00
		6.3% SALES TAX	77.36
		TOTAL	2513.76

T.D. 900'

CSG. SET AT _____ VOLUME _____

SIZE HOLE _____

TBG SET AT 890' VOLUME 5.15 Bbls

MAX. PRESS. _____

SIZE PIPE 2 7/8" - 8sd

PLUG DEPTH _____

PKER DEPTH _____

PLUG USED _____

TIME FINISHED _____

REMARKS: Rig up to 2 7/8" Tubing, Break circulation with fresh water, 5 Bbl. Gel Flush, followed with fresh water - Circulated Gel around to condition Hole.

Mixed 110 sks 60/40 Pozmix cement w/ 2% Gel, shut down - washout Pump & lines.

Release Plug - Displace Plug with 5 Bbls water. Final Pumping at 400 PSI - Bumped Plug to 1200 PSI

Close Tubing in w/ 1200 PSI. Good cement returns to Surface w/ 5 Bbl. slurry

EQUIPMENT USED

NAME Kelly Kimberlin UNIT NO. 185

NAME Jerry - Adam #186, Jason #193 UNIT NO. _____

Brad Butler
 HSI REP.

Called by Matt Leis
 OWNER'S REP.

Oil Services, LLC
 1 E. Mary
 Yates Center, KS 66783

Invoice

Number: 1012

Date: August 05, 2009

Bill To:

Greg Lair
 Piqua Petro
 1331 Xylan Rd
 Piqua, KS 66761

Ship To:

Greg Lair
 Piqua Petro
 1331 Xylan Rd
 Piqua, KS 66761

PO Number	Terms	Project
	DUE UPON RECEIPT	Collins Bennett

Date	Description	Hours	Rate	Amount
07/23/09	Cement for Surface	8.00	10.00	80.00
07/23/09	Surface pipe for 08-08	23.00	8.00	184.00
07/23/09	Drilling for 08-08	900.00	5.25	4,725.00
<i>C608-08</i>				
RECEIVED				
SEP 03 2009				
KCC WICHITA				
Total				\$4,989.00

*file # 11818
 @ 5/29*

0 - 30 days	31 - 60 days	61 - 90 days	> 90 days	Total
\$4,989.00	\$0.00	\$0.00	\$8,278.50	\$13,267.50

2nd well

TREATMENT REPORT
FRAC & ACID

TICKET NUMBER 45884
FIELD TICKET REF # 40256
LOCATION Thayer
FOREMAN Gay Wickel

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-25-09	4950	Collins Bennett # 08 08	16	25	17	WO
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
GreyLair DBA Pigna Pelao			524	Ken		
MAILING ADDRESS			482	Jasan		
CITY			489/1103	Steve		
STATE			213	ERIC		
ZIP CODE						

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
829-39	(14)

TYPE OF TREATMENT

Acid Spot / Sand Fracture

CHEMICALS

Customer Water	75 15% HCL Sol
20# Gel / Breaker	Inhibitor
Biocide	N-34

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
Pad	15	16-12			1700-2400	BREAKDOWN: 1900
20/40		12-10.5	.5	300	- 2700	START PRESSURE
12/20		10.5-14.5	.5-1.5	1700	- 1700	END PRESSURE
Flush-over	10				- 1800-1300	BALL OFF PRESS
						ROCK SALT PRESS
						ISIP: 500
Totals	75			2000		5 MIN
						10 MIN
						15 MIN
						MIN RATE
						MAX RATE
						DISPLACEMENT

RECEIVED
SEP 03 2009
KCC WICHITA

REMARKS: Spot acid to perfs. - breakdown and stage
Customer wanted balls chipped on this well - pressure too high until last two sacks sand-cleaning better.
No chert

AUTHORIZATION [Signature] TITLE _____ DATE _____