

ORIGINAL

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 30345  
Name: PIQUA PETRO INC  
Address 1: 1331 XLAN RD  
Address 2:  
City: PIQUA State: KS Zip: 66761 +  
Contact Person: GREG LAIR  
Phone: ( 620 ) 433-0099  
CONTRACTOR: License # 32079  
Name: LEIS OIL SERVICES LLC  
Wellsite Geologist:

API No. 15 - 207-27707-0000  
Spot Description:  
SE SW SW Sec. 16 Twp. 24 S. R. 16  East  West  
170 Feet from  North /  South Line of Section  
1,160 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: WOODSON  
Lease Name: WINGRAVE Well #: 33-10  
Field Name: VERNON

Purchaser: MACLASKEY  
Designate Type of Completion:  
 New Well  Re-Entry  Workover  
 Oil  WSW  SWD  SIOW  
 Gas  D&A  ENHR  SIGW  
 OG  GSW  Temp. Abd.  
 CM (Coal Bed Methane)  
 Cathodic  Other (Core, Expl., etc.):

Producing Formation: SQUIRREL  
Elevation: Ground: EST 1036 Kelly Bushing:  
Total Depth: 1102 Plug Back Total Depth: 1098  
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: 1098  
feet depth to: SURFACE w/ 100 sx cmt.

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  
 Conv. to GSW  
 Plug Back: Plug Back Total Depth  
 Commingled Permit #:  
 Dual Completion Permit #:  
 SWD Permit #:  
 ENHR Permit #:  
 GSW Permit #:  
10/01/10 10/01/10 11/18/10  
Spud Date or Date Reached TD Completion Date or Recompletion Date

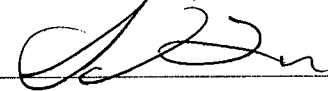
Drilling Fluid Management Plan  
(Data must be collected from the Reserve Pit)  
Chloride content: ppm Fluid volume: bbls  
Dewatering method used:  
Location of fluid disposal if hauled offsite:  
Operator Name:  
Lease Name: License #:  
Quarter Sec. Twp. S. R.  East  West  
County: Permit #:

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
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.

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.

Signature:   
Title: Pres. Date: 12/10/2010

KCC Office Use ONLY

Letter of Confidentiality Received  
Date:  
 Confidential Release Date:  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  II  III Approved by:  Date: 1/3/10

Operator Name: PIQUA PETRO INC Lease Name: WINGRAVE Well #: 33-10  
 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 complete copy of all Electric Wire-line 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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

List All E. Logs Run:  
**GAMMA RAY / NEUTRON**

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	12"	7"		40 FT	REG	8	
LONGSTRING	5 3/4"	2 7/8"		1098 FT	OWC	100	
PRODUCTION		1"		TO SEATING NIPPLE			

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
____ Perforate				
____ Protect Casing				
____ Plug Back TD				
____ 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
1 EVERY 9"	PERF FROM 1037.5 TO 1047.5 W/14 SHOTS		

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TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. 11/18/10	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. 1	Gas Mcf	Water Bbls. 1	Gas-Oil Ratio 1:1 Gravity 32

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 <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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**Leis Oil Services, LLC**

507 S. State  
Yates Center, KS 66783

# Invoice

Number: 1001

Date: October 04, 2010

**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
		Wingrave 33-10

Date	Description	Hours	Rate	Amount
10-01-10	Drilling for Wingrave 33-10	1,102.00	5.75	6,336.50
10-01-10	Digging Drill Pit	1.00	100.00	100.00
10-01-10	Cement for Surface	8.00	11.00	88.00
<b>Total</b>				<b>\$6,524.50</b>

+

PO # 11973  
 12/5/10

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0 - 30 days	31 - 60 days	61 - 90 days	> 90 days	Total
\$6,524.50	\$0.00	\$0.00	\$0.00	\$6,524.50



**CONSOLIDATED**  
Oil Well Services, LLC

**ENTERED**

TICKET NUMBER 29202

LOCATION Eureka

FOREMAN Troy Strickler

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-487-8676

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-1-10	4950	Wingrave 33-10				Woodson
CUSTOMER <u>Piqua Petroleum</u>			TRUCK # DRIVER TRUCK # DRIVER 485 Alan Am 543 Dave L Safety Meeting			
MAILING ADDRESS <u>1331 xylan Rd.</u>						
CITY <u>Piqua</u>	STATE <u>Ks</u>	ZIP CODE				

JOB TYPE 4 1/2 0' HOLE SIZE 5 3/4 HOLE DEPTH 1102' CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING 2 3/8" 1098' OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.5# SLURRY VOL 278bl WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 0'  
 DISPLACEMENT 6.40bl DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety Meeting: Rig upto 2 3/8" tubing. Break Circulation w/ 100bl water. Pump 4sk Gel-Flush, 2Bl water mixed 100lbs O.W.C. Cement w/ 1/2" Phenoseal @ 1250psi. Without Pump & lines. Release Plug. Displace w/ 26.4Bl water. Final Pump Pressure 600psi. Pump fly to 1100psi. Shut tubing in @ 700psi. Good Cement to surface = 48bl slurry to pit. Job Complete.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	925.00	925.00
5406	30	MILEAGE <u>2nd of 2 wells</u>	N/C	N/C
1126	100SK	O.W.C. Cement	17.00	1700.00
1107A	50#	Phenoseal 1/2"/sk	1.15	57.50
1118B	200#	Gel-Flush	.20	40.00
4402	2	2 3/8" Top Rubber Plug	23.00	46.00
5407	5.0 Ton	Ton mileage	m/c	215.00
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			Thank You.	
			7.38	
			SALES TAX	134.58
			ESTIMATED TOTAL	3218.08

Rev 9/3/07

AUTHORIZATION [Signature]

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

231105

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.

**TREATMENT REPORT  
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-8-10	4950	Wingrave # 33-10	16	21	16	WO
CUSTOMER <u>Gregg</u>			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
			DRIVER			
			TRUCK #			
			DRIVER			
			TRUCK #			
			DRIVER			

**WELL DATA**

CASING SIZE <u>2 1/2</u>	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>1037.5-47.5 (14)</u>	

**TYPE OF TREATMENT**  
Acid Spot / Sand Fracture

**CHEMICALS**

<u>Customer Water</u>	<u>75 15% HCl Acid</u>
<u>20# Gel / Breaker</u>	<u>Inhibitor</u>
<u>Bioxide</u>	
<u>Clay Stab</u>	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI
<u>Pad</u>	<u>15</u>				BREAKDOWN <u>2700</u>
<u>20/40</u>				<u>300</u>	START PRESSURE
<u>12/20</u>				<u>1700</u>	END PRESSURE
<u>clean 5 balls</u>					BALL OFF PRESS
<u>12/20</u>				<u>2000</u>	ROCK SALT PRESS
<u>Flush</u>	<u>6</u>				ISIP <u>425</u>
<u>Release balls</u>					5 MIN
<u>Overflush</u>	<u>5</u>				10 MIN
					15 MIN
					MIN RATE
<u>Totals</u>	<u>115</u>			<u>4000</u>	MAX RATE
					DISPLACEMENT <u>6</u>

REMARKS: Spot acid to parts - breakdown and stage

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AUTHORIZATION \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_