

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

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 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 LLC
Wellsite Geologist: _____
Purchaser: MAGLASKEY

API No. 15 - 207-27623-0000
Spot Description: _____
NE NW Sec. 21 Twp. 24 S. R. 16 East West
610 Feet from North / South Line of Section
2,010 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: WOODSON
Lease Name: KARMANN Well #: 08-10
Field Name: VERNON
Producing Formation: SQUIRREL

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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.): _____

Elevation: Ground: _____ Kelly Bushing: _____
Total Depth: 1095 Plug Back Total Depth: 1089
Amount of Surface Pipe Set and Cemented at: 42 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1089
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 #: _____

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 #: _____

06/17/10	06/18/10	7/16/10
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

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: [Signature]
Title: PRESIDENT Date: 7/19/10

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: Dlg Date: 8/19/10

Operator Name: PIQUA PETRO, INC. Lease Name: KARMANN Well #: 08-10
 Sec. 21 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 <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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no. Submit Copy)</i> 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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GAMMAN 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"		42 FT	REG	8	
PRODUCTION	5 3/4"	2 7/8" 8RD BLK STL		1089	OWC	100	

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
EVERY 9 INCHES	14 SHOTS FROM 1033' TO 1043'		

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TUBING RECORD:	Size: <u>1"</u>	Set At: <u>1079</u>	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>7/16/10</u>		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. <u>1</u>	Gas Mcf	Water Bbls. <u>1</u>	Gas-Oil Ratio <u>1:1</u>
				Gravity <u>26</u>

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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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ENTERED

TICKET NUMBER 28805
 LOCATION EUREKA
 FOREMAN Rick Ledford

PO Box 884, Chanute, KS 66720
 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-25-10	4950	Karman 8-10				Woodson
CUSTOMER Pigna Petroleum			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1331 Xylon Rd			520	Cliff		
CITY Pigna			543	Dave		
STATE KS						
ZIP CODE						

JOB TYPE logstring @ HOLE SIZE 5 7/8" HOLE DEPTH 1085 CASING SIZE & WEIGHT _____
 CASING DEPTH 1085' DRILL PIPE _____ TUBING 2 7/8" OTHER _____
 SLURRY WEIGHT 13.5" SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0'
 DISPLACEMENT 6.3 DISPLACEMENT PSI 400 PSI 900 shut in RATE _____

REMARKS: Safety meeting - Rig up to 2 7/8" tubing. Break circulation w/ 10 gal
fresh water. Pump 4 sacks gel-flush, 5 (3b) water spacer. Mixed 100 sacks
O.W.C. cement w/ 1/2" phenosan 1 1/2" @ 13.5" ton. Washout pump + lines. Drop 2
plugs. Displace w/ 6.3 gal water. Final pump pressure 400 PSI. Bump plugs to
900 PSI. shut well in @ 900 PSI. Good cement returns to surface. Job complete.
Rig down.

Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	900.00	900.00
5406	30	MILEAGE 1 st well of 2	3.55	106.50
1126	100 sacks	O.W.C. cement	16.50	1650.00
1107A	50"	1/2" phenosan 1 1/2"	1.12	56.00
11286	200"	gel-flush	.20	40.00
5407	5.0	ton mileage bulk tri	m/c	305.00
4402	2	2 7/8" top rubber plugs	23.00	46.00
			Subtotal	3103.50
			SALES TAX	112.90
			ESTIMATED TOTAL	3216.40

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034914

Revin 3737

AUTHORIZATION Witnessed by Adam

TITLE Colp

DATE _____

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.

Leis Oil Services, LLC

507 S. State
Yates Center, KS 66783

Invoice

Number: 1001

Date: June 27, 2010

Bill To:

Greg Lair
Piqua Petro
1331 Xylan Rd
Piqua, KS 66761

Ship To:

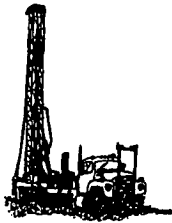
Greg Lair
Piqua Petro
1331 Xylan Rd
Piqua, KS 66761

PO Number	Terms	Project
		Karmann 08-10

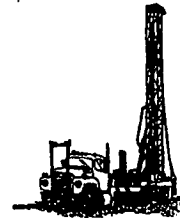
Date	Description	Hours	Rate	Amount
06/18/2010	Drilling for Karmann 08-10	1,090.00	5.75	6,267.50
06/17/2010	Cement for Surface	8.00	11.00	88.00
Total				\$6,355.50

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0 - 30 days	31 - 60 days	61 - 90 days	> 90 days	Total
\$6,355.50	\$0.00	\$0.00	\$0.00	\$6,355.50



LEIS OIL SERVICES



111 East Mary • Yates Center, Kansas 66783 • (620) 625-3676

Operator License #: 30345	API #: 207-27605-0000- 207-27623-0000
Operator: Piqua Petro, Inc.	Lease: Karmann
Address: 1331 Xylan Rd Piqua KS 66761	Well #: 08-10
Phone: (620) 433-0099	Spud Date: 06-17-10 Completed: 06-18-10
Contractor License: 32079	Location: NE-NW of 21-24-16E
T.D. : 1095 T.D. of Pipe: 1089	610 Feet From North
Surface Pipe Size: 7" Depth: 42'	2010 Feet From West
Kind of Well: Oil	County: Woodson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
4	Soil	0	4	48	Shale	978	1026
162	Shale	4	166	1	Lime	1026	1027
57	Lime	166	223	3	Shale	1027	1030
13	Shale	223	236	4	Oil Sand	1030	1034
272	Lime	236	451	61	Shale	1034	1095
48	Shale	451	499				
115	Lime	499	614				
2	Black Shale	614	616				
11	Shale	616	627				
8	Lime	627	635				
165	Shale	632	800				
2	Lime	800	802				
21	Shale	802	823				
9	Lime	823	832				
32	Shale	832	864				
2	Lime	864	866				
25	Shale	866	891				
2	Lime	891	893				
1	Black Shale	893	894		T.D.		1095
16	Shale	894	910		T.D. of Pipe		1089
5	Lime	910	915				
5	Shale	915	920				
9	Lime	920	929				
14	Shale	929	943				
9	Lime	943	952				
12	Shale	952	964				
3	Lime	964	969				
7	Shale	969	976				
2	Lime	976	978				

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CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

2nd well

TICKET NUMBER 50702
FIELD TICKET REF # 44497
LOCATION Thayer
FOREMAN Gay Wilcox

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-23-10	4950	<u>Keeney # 08-10</u>	21	24	16	WO
CUSTOMER						
<u>Piana Petro</u>						
MAILING ADDRESS						
CITY STATE ZIP CODE						
TRUCK # DRIVER TRUCK # DRIVER						
<u>524 Carbon</u>						
<u>482 Mung</u>						
<u>455/795 Travis</u>						
<u>484/113 George</u>						
<u>293 Josh</u>						

WELL DATA

CASING SIZE <u>7 1/2</u>	TOTAL DEPTH <u>1095</u>
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>1033-43</u> <u>(514)</u>	<u>40' to 46' to</u>

TYPE OF TREATMENT

Acid Spot/ream fracture

CHEMICALS

<u>Cast. Water</u>	<u>75 15% HCl Acid</u>
<u>20" Gel/Breaker</u>	<u>Del. Soler</u>
<u>Bioocide</u>	<u>Stim. O.I.</u>
<u>Clay Stab</u>	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<u>Pad</u>	<u>15</u>					BREAKDOWN <u>1600</u>
<u>20/40</u>				<u>300</u>		START PRESSURE
<u>12/20</u>				<u>1700</u>		END PRESSURE
<u>12/10 2 1/2 balls</u>				<u>700</u>		BALL OFF PRESS
<u>12/20</u>				<u>1000</u>		ROCK SALT PRESS
<u>Flush</u>						ISIP <u>525</u>
<u>Release balls</u>						5 MIN
<u>Overflush</u>	<u>5</u>					10 MIN
						15 MIN
						MIN RATE
						MAX RATE
<u>Totals</u>	<u>125</u>			<u>4500</u>		DISPLACEMENT

REMARKS: 2 1/2" acid to parts - breakdown and stage

AUTHORIZATION _____ TITLE _____ DATE AUG 16 2010

Terms and Conditions are printed on reverse side.

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