

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

API No. 15 - 207-27729-0000
Spot Description: _____
NE SW SE SE Sec. 4 Twp. 24 S. R. 17 East West
500 Feet from North / South Line of Section
900 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Woodson
Lease Name: Sovoboda Well #: 26-10

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Wellsite Geologist: _____
Purchaser: _____
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.): _____
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 #: _____

Field Name: Nescho Falls-Leroy
Producing Formation: Mississippi
Elevation: Ground: est 969 Kelly Bushing: _____
Total Depth: 1242 Plug Back Total Depth: 1240
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: 1240
feet depth to: surface w/ 135 sx cmt.

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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 #: _____

11/16/2010	11/16/2010	12/7/2010
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: Agent Date: 12/28/10

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: DG Date: 1/13/11

Operator Name: Piqua Petro, Inc. Lease Name: Sovoboda Well #: 26-10
 Sec. 4 Twp. 24 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 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 checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i>	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> RECEIVED JAN 06 2011 KCC WICHITA </div>
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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	Class A	35	
Longstring	5 3/4"	2 7/8"		1240	OWC	135	
Production		1"		to seating nipple			

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
2	Perf from 1202 to 1206 w/9 shots		

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR: 12/7/2010
 Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls. 1	Gas Mcf	Water Bbls. 1	Gas-Oil Ratio 1:1	Gravity 30
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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 <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 29924

LOCATION Everly KS

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
11-16-10	4950	Savabada #26-10				Woodson
CUSTOMER Pigna Petroleum			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 1331 Xylan Rd						
CITY STATE ZIP CODE Pigna KS			Safety meeting JS JA			
			520 John			
			515 Jim			

JOB TYPE surface 0 HOLE SIZE _____ HOLE DEPTH 21' CASING SIZE & WEIGHT 7"
 CASING DEPTH 20' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15" SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 5'
 DISPLACEMENT 1 Bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting - Rig up to 7" casing. Washdown 10' to PBTD.
Mixed 35 sacks class "A" cement w/ 270 ccs + 270 gal @ 15"/gal.
Displace w/ 1 Bbl fresh water shut casing in w/ good cement
returns to surface Job complete. Rig down.

"Thank You"

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ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54013	1	PUMP CHARGE	725.00	725.00
5406	30	MILEAGE	3.65	109.50
11043	35 Sks	class "A" cement	13.50	472.50
1102	65#	270 ccs	.75	48.75
11183	65#	270 gal	.20	13.00
5407		ton mileage bulk tax	m/l	315.00
			subtotal	1683.75
			7.3%	SALES TAX 39.00
			ESTIMATED TOTAL	1722.75

Ravin 3737

AUTHORIZATION Matt King TITLE _____ 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.



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 29928

LOCATION Eureka KS

FOREMAN Rick Ledford

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
11-19-10	4950	Sarabada 26-10				Woodson	
CUSTOMER Piqua Petroleum			Safety meeting J 06				
MAILING ADDRESS 1331 Xylan Rd							
CITY Piqua		STATE KS	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
			445	John			
			543	Dave			

JOB TYPE longstring @ HOLE SIZE 5 3/4" HOLE DEPTH 1242' CASING SIZE & WEIGHT _____
 CASING DEPTH 1240' DRILL PIPE _____ TUBING 2 7/8" OTHER _____
 SLURRY WEIGHT 13.5* SLURRY VOL 36 Bbl WATER gal/sk _____ CEMENT LEFT in CASING 0'
 DISPLACEMENT 7.2 DISPLACEMENT PSI 700 PSI shut in 1000 RATE _____

REMARKS: Safety meeting- Rig up to 2 7/8" tubing. Break circulation w/ fresh water.
Pump 8 sacks gel-flush, 10 Bbl water spacer. Mixed 135 sacks OWC cement
w/ 1/2" phenosan/sk @ 13.5*/gal. Shut down, washout pump + lines. drop 2 plugs
Displace w/ 7.2 Bbl fresh water. Final pump pressure 700 PSI. Pump plugs to 1200
PSI. Shut well in @ 1000 PSI. Good cement returns to surface = 7 Bbl slurry to
pit. Job complete. Rig down.

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	925.00	925.00
5406	30	MILEAGE	3.65	109.50
1126	135 sacks	OWC cement	17.00	2295.00
1107A	68*	1/2" phenosan/sk	1.15	78.20
1112B	400*	gel-flush	.20	80.00
5407	5.2	tan mileage bulk truck	m/l	315.00
4402	2	2 7/8" top rubber plugs	23.00	46.00
			Subtotal	3848.70
			7.3% SALES TAX	182.45
			ESTIMATED TOTAL	4031.15

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lavin 3737

AUTHORIZATION

TITLE 238291

DATE _____

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.