

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 SERVICE LLC
Wellsite Geologist: _____
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.): _____

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 #: _____

<u>1/19/11</u>	<u>1/20/11</u>	<u>3/10/11</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 207-27771-0000
Spot Description: _____
SE SW SW Sec. 3 Twp. 24 S. R. 17 East West
210 Feet from North / South Line of Section
1,290 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: WOODSON
Lease Name: SOVOBODA Well #: 28-10
Field Name: NEOSHO FALLS-LEROY
Producing Formation: MISSISSIPPI
Elevation: Ground: 965 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.

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 #: _____

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: 3/29/11

KCC Office Use ONLY

Letter of Confidentiality Received **RECEIVED**
Date: _____
 Confidential Release Date: _____ **APR 04 2011**
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Dg Date: 4/8/11
KCC WICHITA

Operator Name: PIQUA PETRO INC Lease Name: SOVOBODA Well #: 28-10
 Sec. 3 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> 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		40	60/40 POZ	35	
LONGSTRING	5.625	2.875		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 <i>(Amount and Kind of Material Used)</i>	Depth
	1185.5 TO 1188.5 W/ 7 SHOTS		
	1194.5 TO 1195.5 W/3 SHOTS		

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. 3/10/11		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 1	Water Bbls. 1 Gas-Oil Ratio 1:1 Gravity 30

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: <div style="text-align: center; border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div>
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CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 30194

LOCATION Europe

FOREMAN Troy Strickler

PO Box 884, Chanute, KS 66720
820-431-8210 or 800-467-8876

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-19-11	4950	Savoboda 2810 East 2810 East				Woodson
CUSTOMER Piqua Petroleum			Safety mechanic			
MAILING ADDRESS 1331 Xylan Rd.			J.S. CA T.S.			
CITY Piqua		STATE Ks	ZIP CODE			
TRUCK #	DRIVER	TRUCK #	DRIVER			
445	John					
479	Calin					

JOB TYPE S/P 0 HOLE SIZE 9 5/8" HOLE DEPTH 42' CASING SIZE & WEIGHT 7"
 CASING DEPTH 42' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15" SLURRY VOL _____ WATER gal/sk 7.0 CEMENT LEFT In CASING 5'
 DISPLACEMENT 15 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting: Rig up to 7" casing. Break circulation w/ Fresh water.
Mixed 35% 60/40 Poz-mix w/ 22 Gel + 22 Cact @ 15" / gal. Displace
w/ 1.5 Bl Fresh water. Shut casing in w/ Good cement to surface.

Job complete

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	725.00	725.00
5406	30	MILEAGE	3.65	109.50
1131	35skt	60/40 Poz-mix Cement	11.35	397.25
1102	60"	22 Cact	.75	45.00
11186	60"	22 Gel	.20	12.00
5407		Ten-mileage	m/c	315.00

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Troy Strickler

239203

Sub Total 1603.75
SALES TAX 33.11
ESTIMATED TOTAL 1636.86

Rev'n 3737

AUTHORIZATION _____ 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 30181
LOCATION Funcky
FOREMAN Steve Mead

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-487-8878

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY												
12511	4950	Sauaboda #28-10				Woodson												
CUSTOMER <u>Pigna Petroleum</u>			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>520</td> <td>Cliff</td> <td></td> <td></td> </tr> <tr> <td>479</td> <td>Allen</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	520	Cliff			479	Allen		
TRUCK #	DRIVER	TRUCK #					DRIVER											
520	Cliff																	
479	Allen																	
MAILING ADDRESS <u>1331 Xylan Rd</u>																		
CITY <u>Pigna</u>	STATE <u>KS</u>	ZIP CODE	Softy meeting Sm CS AB															

JOB TYPE Long string HOLE SIZE 5 3/4 HOLE DEPTH 1242' CASING SIZE & WEIGHT _____
 CASING DEPTH 1240' DRILL PIPE _____ TUBING 2 3/8 OTHER _____
 SLURRY WEIGHT 180# SLURRY VOL _____ WATER gal/hk _____ CEMENT LEFT IN CASING _____
 DISPLACEMENT 7 hrs DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Softy meeting. Rig up to 2 3/8 Tubing with head & manifold. Break Circulation with 7 bbls Fresh water. Mix 300# Gel Flush Pump 1000 Water Spacer. Mix 135 sks GWC Cement w/ 6# Phenoseal pack AT 13.5# per gal. Shutdown Washout Pump & Lines. Release Plug. Displace with 7 bbls Fresh water. Final pumping Pressure 200#. Bump Plug 100#. Release Pressure Plug held Shut Well in O#.
Job Completes 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
5456	30	MILEAGE	3.65	109.50
1126	135 sks	GWC Cement	17.00	2295.00
1167A	68#	Phenoseal	1.15	78.30
1118B	300#	Gel Flush	.20	60.00
5407		Top Mileage bulk Truck	m/c	315.00
4462	2	2 3/8 Top Rubber Plugs	23.00	46.00
			RECEIVED	
			APR 04 2011	
			KCC WICHITA	
			SUBTOTAL	3828.20
			SALES TAX	180.99
			ESTIMATED TOTAL	4009.19

Form 0737

039354

AUTHORIZATION [Signature] TITLE Driller 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

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

TICKET NUMBER 51424
FIELD TICKET REF # 44870
LOCATION Thayer
FOREMAN Benj. White

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-4-11	41950	Sovaboda # 29-10	3	24	17	WO
CUSTOMER <u>Pigna Petroleum</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			<u>424</u>	<u>Eric</u>	<u>293</u>	<u>Trumpy</u>
CITY	STATE	ZIP CODE	<u>4199/1103</u>	<u>George</u>		

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>1185.5 - 88.5</u>	<u>7</u> <u>(90)</u> <u>Miss l.</u>
<u>1194.5 - 95.5</u>	<u>3</u>

TYPE OF TREATMENT

Acid Spot / APO

CHEMICALS

<u>Customer water</u>	<u>1000 15% HCl Acid</u>
	<u>Funk. l. l. c.</u>
	<u>Funk. Control</u>
	<u>Silt Separator Solim O.</u>

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<u>Breakdown</u>						<u>BREAKDOWN 750</u>
<u>Stage 1</u>					<u>450</u>	<u>START PRESSURE 750</u>
<u>Stage 2</u>						<u>END PRESSURE 600</u>
<u>Est. Rate</u>		<u>3.5</u>				<u>BALL OFF PRESS</u>
<u>Shot acid to balls after 1st half</u>						<u>ROCK SALT PRESS</u>
<u>Flush</u>					<u>600</u>	<u>ISIP 300</u>
<u>Release balls</u>						<u>5 MIN</u>
<u>Acidulation</u>	<u>22</u>				<u>600</u>	<u>10 MIN</u>
						<u>15 MIN</u>
						<u>MIN RATE</u>
						<u>MAX RATE</u>
						<u>DISPLACEMENT</u>

REMARKS: Spot acid to perforations 224-111

RECEIVED

APR 14 2011

KCC WICHITA

AUTHORIZATION _____ TITLE _____ DATE _____

Terms and Conditions are printed on reverse side.