

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 # _____
Name: _____
Wellsite Geologist: _____
Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SLOW
- 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: PIQUA PETRO, INC
Well Name: KIMBELL
Original Comp. Date: 2/26/1981 Original Total Depth: 930
 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 #: D-22,424
 ENHR Permit #: _____
 GSW Permit #: _____

<u>4/26/11</u>	<u>4/26/11</u>
Spud Date or Recompletion Date	Date Reached TD Completion Date or Recompletion Date

API No. 15 - 207-22614 -0001
Spot Description: _____
_____ SE Sec. 14 Twp. 24 S. R. 13 East West
2,680 Feet from North / South Line of Section
1,500 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: WOODSON

Lease Name: KIMBELL

Well #: **RECEIVED**

Field Name: _____

MAY 09 2011

Producing Formation: KANSAS CITY

Elevation: Ground: _____ Kelly Bushing: KCC WICHITA

Total Depth: 930 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 50 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 930

feet depth to: SURFACE w/ _____ 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: Monica La
Title: Agent Date: 5/4/11

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: 5/10/11

Operator Name: PIQUA PETRO, INC Lease Name: KIMBELL Well #: 2
 Sec. 14 Twp. 24 S. R. 13 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 type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input 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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CASING RECORD <input 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		8"		50			
PRODUCTION		4 1/2"		930			

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
	Perf from 780 to 800		

TUBING RECORD: Size: <u>2 3/8"</u> Set At: <u>736</u> Packer At: _____	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. _____	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____
Estimated Production Per 24 Hours	Oil Bbls. _____ Gas Mcf _____ Water Bbls. _____ Gas-Oil Ratio _____ Gravity _____

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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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
4-28-11	N950	Kimball #2	14	24S	13E	Greenwood
CUSTOMER			TRUCK #			
Piqua Petro			DRIVER			
MAILING ADDRESS			TRUCK #			
1331 xylan Rd			DRIVER			
CITY			TRUCK #			
Piqua			DRIVER			
STATE		ZIP CODE		TRUCK #		
KS		66761		DRIVER		

Titus
Well
Service

JOB TYPE Casing HOLE SIZE 4 1/2 casing HOLE DEPTH _____ CASING SIZE & WEIGHT 2 3/8 Fiberglass tubing
 TUBING & Packer 752 DRILL PIPE _____ TUBING _____ OTHER _____
 CASING DEPTH _____ SLURRY WEIGHT 12.6# SLURRY VOL 13.4 WATER gal/sk 5.75 CEMENT LEFT in CASING none
 DISPLACEMENT 2.9 with 1/2 881 over DISPLACEMENT PSI 400psi MIX PSI 200psi RATE _____

REMARKS: 3.4 Rig up to 2 3/8 tubing inside of 4 1/2 casing, break circulation with 3 bbl water, pump 2 BBL dye water, mixed 60 SKS 60/40 Pozmix cement with 2% gel. Shut well in, wash out pump & lines. Displace with 3.4 BBL water shut well in. good circulation & good cement returns. Job complete.

"Thanks Shannon & Crew"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	775.00	775.00
5406	30	MILEAGE	4.00	120.00
1131	60 SKS	60/40 Pozmix Cement	11.95	717.00
1118 B	104#	6el 2%	.20	20.80
5407	2.58	Ton mileage bulk truck	n/c	330.00
RECEIVED				
MAY 09 2011				
KCC WICHITA				
			Sub total	1962.80
			7.3% SALES TAX	53.86
			ESTIMATED TOTAL	2016.66

Ravn 3737

240996

AUTHORIZATION [Signature]

TITLE _____

DATE 4-28-11

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

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

Invoice # 240996

INVOICE

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Invoice Date: 04/30/2011 Terms: 0/0/30,n/30 Page 1
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LAIR, GREG
DBA: PIQUA PETROLEUM
1331 XYLAN ROAD
PIQUA KS 66761
(620)468-2681

KIMBELL #2
30391
14-24S-13E
04-28-11
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	60.00	11.9500	717.00
1118B	PREMIUM GEL / BENTONITE	104.00	.2000	20.80
		Hours	Unit Price	Total
445	CEMENT PUMP (SURFACE)	1.00	775.00	775.00
445	EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
543	MIN. BULK DELIVERY	1.00	330.00	330.00

Fix KS disposal well
Always take 90
Discount off

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Parts: 737.80 Freight: .00 Tax: 53.86 AR 2016.6
Labor: .00 Misc: .00 Total: 2016.66
Sublt: .00 Supplies: .00 Change: .00
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RECEIVED

MAY 09 2011

Date KCC WICHITA

Signed _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
318/322-7022

EUREKA, KS
620/583-7664

GILLETTE, WY
307/686-4914

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577