



KANSAS CORPORATION COMMISSION 1089859  
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 XYLAN RD  
Address 2: \_\_\_\_\_  
City: PIQUA State: KS Zip: 66761 + 1667  
Contact Person: Greg Lair  
Phone: ( 620 ) 468-2681  
CONTRACTOR: License # 30567  
Name: Rig 6 Drilling Co., Inc.  
Wellsite Geologist: none  
Purchaser: Maclaskey

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: \_\_\_\_\_  
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>06/12/2012</u>	<u>06/20/2012</u>	<u>08/01/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-207-28199-00-00

Spot Description: \_\_\_\_\_  
NE NE NW NW Sec. 1 Twp. 24 S. R. 14  East  West  
180 Feet from  North /  South Line of Section  
1050 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE     NW     SE     SW

County: Woodson

Lease Name: Stockebrand Well #: 2-12

Field Name: \_\_\_\_\_

Producing Formation: Mississippi

Elevation: Ground: 1111 Kelly Bushing: 0

Total Depth: 1678 Plug Back Total Depth: \_\_\_\_\_

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: 40  
feet depth to: 0 w/ 15 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 bbls

Dewatering method used: Evaporated

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Permit #: \_\_\_\_\_

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.

Submitted Electronically

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: Dorcas Gerrao Date: 08/13/2012



1089859

Operator Name: Piqua Petro, Inc. Lease Name: Stockebrand Well #: 2-12  
 Sec. 1 Twp. 24 S. R. 14  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 (Attach Additional Sheets)	<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	See attachment	
Electric Log Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Electric Log Submitted Electronically (If no, Submit Copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run:			

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	12.25	8.625	18	40	Regular	15	
Longstring	6.25	4.5	10.5	1675	50/40 Poz lead, Thickset etc	195	

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 (Amount and Kind of Material Used)	Depth
2	1624 to 1631.5 w/ 16 shots		

TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run:	<input type="checkbox"/> Yes <input 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:	METHOD OF COMPLETION:	PRODUCTION INTERVAL:
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	_____ _____ _____

# RIG 6 DRILLING CO. INC

PO BOX # 227

R.K. 'BUD' SIFERS  
620 365 6294

IOLA, KS  
66749

JOHN BARKER  
620 365 7806

COMPANY: Piqua Petro  
ADDRESS: 1331 Xylan Rd  
Piqua, KS 66761  
Greg Lair  
LEASE: Stockebrand  
COUNTY: Woodson  
LOCATION 180 FNL/1050 FWL  
Sec 1-Twp 24- Rng 14e

COMMENCED: 6/12/2012  
COMPLETED: 6/20/2012  
WELL #: 2-12  
AP#: 15-207-28,199  
STATUS: Oil Well  
TOTAL DEPTH:  
CASING: 40'-8 5/8" cmt w/ 15 sx  
1675'-4 1/2" csg Consol. Cmt

## DRILLER'S LOG

3	Soil & Sandstone	1389	SH
84	SH	1520	SH
90	LS w/SH Brks	1530	LS w/SH Strks
124	SH	1545	SH
129	LS	1549	CO
274	SH w/LS Strks	1562	SH
277	LS	1563	CO
455	SH	1584	SH
504	LS w/SH Brks	1586	CO
527	SH	1590	SH
654	LS w/SH	1591	CO
672	SH	1605	SH w/SA
732	LS w/Sdy LS	1614	Mississippi SA
773	SH w/red Strks	1616	SA LS (lite odor)
850	LS	1622	LS
864	SH	1624	SA (no odor)
900	LS	1629	SD (fair odor)
1080	SH	1678	LS
1090	LS		
1226	SH w/LS brks		
1228	LS	1678	T.D.
1236	SH & SA (fair odor)		
1305	SH w/LS Brks		
1324	LS		
1326	CO		
1358	LS w/SH		

# RIG 6 DRILLING CO. INC

PO BOX # 227

R.K.'BUD' SIFERS  
620 365 6294

IOLA, KS  
66749

JOHN BARKER  
620 365 7606

INVOICE #: 20559  
COMPANY: Piqua Petro, Inc  
ADDRESS: 1331 Xylan Rd.  
Piqua, KS 66761

DATE: 7/2/2012  
LEASE: Stockebrand  
COUNTY: Woodson  
WELL #: 2-12  
API #: 15-207-28,199

ORDERED BGreg

SERVICE	RATE	UNITS	
Location Pit Charge		1	N/C
Set Surface Csg.	\$250.00 Per Hr	4	N/C
Cement Surface/W.O.C.	\$250.00 Per Hr	8	N/C
Drilling Charge	\$10.00 Per Ft	1675	\$16,750.00
Circulating	\$250.00 Per Hr	2	\$0.00
Drill Stem Test	\$250.00 Per Hr		N/C
Logging	\$250.00 Per Hr		N/C
Core Samples	\$500.00 Per Run		N/C
Water Hauling	\$40.00 Per Hr	1	N/C
Bit Charge (Lime W/O)	Cost + 10%		N/C
Drill Stem Lost	\$28.00 Per Ft		N/C
Trucking	\$40. per hr + \$1./ mi		N/C
Roustabout	\$23.00 Per Man Hr		N/C
Running Casing	\$250.00 Per Hr	1	N/C
Rigging Up	\$250.00 Per Hr	1	N/C
Rigging Down	\$250.00 Per Hr	1	N/C
Other			
Fuel Assess.			
Move Rig			
Material Provided:			
Cement	\$8.00 Per Sx	15	\$80.00
Sample Bags			\$0.00

TOTAL AMOUNT

\$16,830.00

REMIT TO:

RIG 6 DRILLING, INC  
PO BOX 227  
IOLA, KS 66749

*pd # 3239*

THANK YOU!!! WE APPRECIATE YOUR BUSINESS!!!

*7/9/12*



**CONSOLIDATED**  
Oil Well Services, LLC

**ENTERED**

TICKET NUMBER 34759  
LOCATION Euless  
FOREMAN Rex Ledford

PO Box 884, Chanute, KS 68720  
620-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**

**CEMENT** API# 15-207-23199

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/20/12	4950	Stackebrand 2-12	1	24S	19E	Woods
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Pigna Petroleum			520	John		
MAILING ADDRESS			1011	Jessy		
1331 Xylan Rd			1017	Chris B.		
CITY	STATE	ZIP CODE	1037	Jim		
Piqua	KS					

JOB TYPE L/S HOLE SIZE 6 3/4" HOLE DEPTH 1628' CASING SIZE & WEIGHT 4 1/2"  
 CASING DEPTH 1625' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.00-13.5" SLURRY VOL 60 bbl WATER gal/bk 8.0-9.0 CEMENT LEFT IN CASING 0'  
 DISPLACEMENT 26.0 bbl DISPLACEMENT PSI 1000 PBI 1000 Bump plug RATE \_\_\_\_\_

REMARKS: Safety meeting - Rig up to 4 1/2" casing. Block circulation w/ 10 bbl fresh water. Mixed 145 gal 60/40 Permian cement w/ 270 gal + 1/2" phenoxal/100 @ 13.2"/gal Tail in w/ 50 gal thickert cement w/ 5" Kalsol/100 @ 13.5"/gal without pump + 100 gal shut down, release plug. Displace w/ 26.0 bbl fresh water. Final pump pressure 1000 PSI. Bump plug to 1000 PSI, wait 2 minutes, release pressure, float + plug held. Good cement returns to surface = 10 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	1030.00	1030.00
5406	45	MILEAGE	4.00	180.00
1131	145 gal	60/40 Permian cement	12.55	1819.25
1186	990 gal	270 gal	.21	207.90
117A	22"	1/2" phenoxal/100	1.29	92.88
1126A	50 bbl	Thickert cement	19.20	960.00
116A	250"	5" Kalsol/100	.46	115.00
5407	2	1000 mileage bump plug	n/c PR	700.00
5502C	3 hrs	80 bbl vac. TRK	90.00	270.00
1123	3000 gals	city water	16.50/1000	49.50
4404	1	4 1/2" top rubber plug	45.00	45.00
			Subtotal	5470.03
			SALES TAX 7.3%	290.18
			ESTIMATED TOTAL	5760.21

Form 3737

AUTHORIZATION Ronald [Signature] 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