



KANSAS CORPORATION COMMISSION 1091152
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 # 32079
Name: Leis, John E.
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 #: _____
04/25/2012 04/26/2012 05/30/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-207-28118-00-00
Spot Description: _____
SW SW NW SE Sec. 8 Twp. 24 S. R. 16 East West
1490 Feet from North / South Line of Section
2470 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Woodson
Lease Name: Hammond S Well #: 2-12
Field Name: _____
Producing Formation: Squirrel
Elevation: Ground: 1034 Kelly Bushing: 0
Total Depth: 1071 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 41 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 41
feet depth to: 0 w/ 8 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: Deanna Garrick Date: 08/23/2012



1091152

Operator Name: Piqua Petro, Inc. Lease Name: Hammond S Well #: 2-12
 Sec. 8 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 type="checkbox"/> Yes <input checked="" 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 See Attachments
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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	12	7	20	41	Regular	8	
Longstring	5.625	2.875	6.5	1068	60/40 Pozmix	145	

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	-			

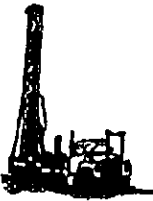
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth

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

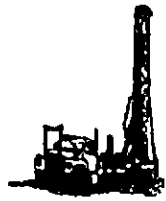
Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input 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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LEIS OIL SERVICES



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

Operator License #: 30345		API #: 15-207-28118-00-00	
Operator: Piqua Petro Inc.		Lease: Hammond S	
Address: 1331 Xylan Rd Piqua, KS 66761		Well #: 2-12	
Phone: (620) 433-0099		Spud Date: 4-25-12 Completed: 4-26-12	
Contractor License: 32079		Location: SW-SW-NW-SE of 8-24S-16E	
T.D.: 1071	T.D. of Pipe: 1068	1490	Feet From South
Surface Pipe Size: 7"	Depth: 41'	2470	Feet From East
Kind of Well: Oil		County: Woodson	

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
6	Soil/Clay	0	6	14	Shale	927	941
163	Shale	6	170	9	Lime	941	950
42	Lime	170	212	9	Shale	950	959
18	Shale	212	230	5	Lime	959	964
218	Lime	230	448	4	Shale	964	968
16	Shale	448	464	2	Black Shale	968	970
7	Lime	464	471	12	Mucky Shale	970	982
33	Shale	471	504	10	Shale	982	992
78	Lime	504	582	10	Sand/ faint odor	992	1002
4	Shale	582	586	30	Sand/odor/bleed	1002	1032
2	Black Shale	586	588	5	Sand/faint odor	1032	1037
1	Lime	588	589	1	Lime	1034	1035
4	Shale	589	593	1	Shale	1035	1036
51	Lime	593	644	1	Lime	1036	1037
156	Shale	644	800	34	Shale	1037	1071
3	Lime	800	803				
22	Shale	803	825				
10	Lime	825	835				
2	Black Shale	835	837				
12	Shale	837	849		T.D.		1071
2	Broken Sand/oil	849	851		T.D. of pipe		1068
40	Shale	851	891				
3	Lime	891	894				
3	Shale	894	897				
7	Lime	897	904				
4	Shale	904	908				
3	Lime	908	911				
12	Shale	911	923				
4	Lime	923	927				

Leis Oil Services, LLC

1410 150th Rd
 Yates Center, KS 66783

Invoice

Number: 1001

Date: May 14, 2012

Bill To:

Greg Lair
 Piqua Petro
 1331 Xylan Rd
 Piqua, KS 66761

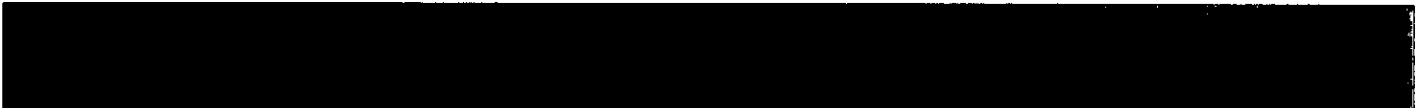
Ship To:

Greg Lair
 Piqua Petro
 1331 Xylan Rd
 Piqua, KS 66761

PO Number	Terms	Project
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Date	Description	Hours	Rate	Amount
4-25-12	Drill pit	1.00	100.00	100.00
4-25-12	cement for surface	8.00	12.60	100.80
4-26-12	Drilled Hammond S 2-12	1,071.00	6.25	6,693.75
Total				\$44,917.90

0 - 30 days	31 - 60 days	61 - 90 days	> 90 days	Total
\$44,917.90	\$0.00	\$0.00	\$0.00	\$44,917.90





CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 36448

LOCATION Eureka

FOREMAN Steve Neal

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-487-8676

FIELD TICKET & TREATMENT REPORT

CEMENT N/A

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-26-12	4950	Hammond S #2-12				Woodson
CUSTOMER <u>Piquon Petroleum</u>			TRUCK #			
MAILING ADDRESS <u>1331 Xylan Rd</u>			DRIVER			
CITY <u>Piquon</u>			TRUCK #			
STATE <u>Ks</u>			DRIVER			
ZIP CODE <u>66761</u>			TRUCK #			
			DRIVER			

JOB TYPE Long string HOLE SIZE _____ HOLE DEPTH 1070' CASING SIZE & WEIGHT _____
 CASING DEPTH 1068' DRILL PIPE _____ TUBING 2 3/8 OTHER _____
 SLURRY WEIGHT 12.5" SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING _____
 DISPLACEMENT 6.2G DISPLACEMENT PSI 200* 2000* 1800* RATE _____

REMARKS: Safety Meeting. Rig up to 2 3/8 Tubing. Break Circulation w/ Fresh Water Pump 360* Gel Flush & 5 bbls Water spacer. Mix 145 sks 60/40 per mix Cement w/ 5# Kal-Seal, 4# GEL & 1# CaCl2. Shut down wash out pump & Lines stuff & plug. Displace with 6.2 bbls Fresh water final pumping Pressure 200*. Pump plug 1800*. Shut down 200*. Good Cement Returns To surface 6 bbl Slurry To PID.
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	40	MILEAGE	4.00	160.00
1131	145 sks	60/40 Permix Cement	12.55	1819.75
110A	725*	Kal-Seal 5# per/sk	.42	304.50
111B	498*	Gel 4%	.21	104.58
1103	125*	CaCl2 1%	.74	92.50
111B	700*	Gel/Flush	.21	147.00
5407	6.24 tons	Tan Mileage bulk Truck	mic	350.00
4402	2	2 3/8 Top Rubber Plug	28.00	56.00
			Sub Total	4009.33
			SALES TAX	180.26
			ESTIMATED TOTAL	4189.59

Form 3737

AUTHORIZATION

John H

TITLE

049313

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.