



KANSAS CORPORATION COMMISSION 1092054
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 XLAN 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:
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 #:

07/17/2012	07/18/2012	08/23/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-207-28242-00-00

Spot Description:
SE SE NE NE Sec. 8 Twp. 24 S. R. 16 East West
1150 Feet from North / South Line of Section
170 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Woodson

Lease Name: Hammond E Well #: 4-12

Field Name:
Producing Formation: Squirrel

Elevation: Ground: 1064 Kelly Bushing: 0

Total Depth: 1100 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: Doanna Garcia Date: 08/30/2012



1092054

Operator Name: Piqua Petro, Inc. Lease Name: Hammond E Well #: 4-12
 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 attachment
---	---

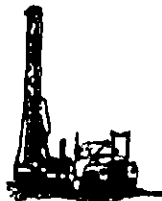
CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	12	7	20	41	Regular	8	
Longstring	5.625	2.875	6.5	1096	60/40 Pozmix	140	

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	-			

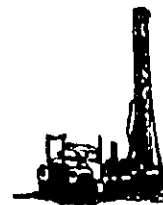
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
2	1049 to 1069.5 w/ 42 shots		

TUBING RECORD: Size: <u>1</u> Set At: <u>1046</u> 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: <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 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: _____ _____
---	--	--



LEIS OIL SERVICES



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

Operator License #: 30345		API #: 15-207-28132-00-00	
Operator: Piqua Petro Inc.		Lease: Hammond E	
Address: 1331 Xylan Rd Piqua, KS 66761		Well #: 4-12	
Phone: (620) 433-0099		Spud Date: 7-17-12 Completed: 7-18-12	
Contractor License: 32079		Location: SE-SE-NE-NE of 8-24S-16E	
T.D. : 1100	T.D. of Pipe: 1096	1150	Feet From North
Surface Pipe Size: 7"	Depth: 41'	170	Feet From East
Kind of Well: Oil		County: Woodson	

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
15	Soil/Clay	0	15	5	Lime	946	951
5	Lime	15	20	12	Shale	951	963
186	Shale	20	206	7	Lime	963	970
55	Lime	206	261	14	Shale	970	984
22	Shale	261	283	5	Lime	984	989
196	Lime	283	479	11	Shale	989	1000
4	Shale	479	483	13	Oil Sand	1000	1013
4	Lime	483	487	9	Shale/Sand bleed	1013	1022
4	Shale	487	491	25	Shale	1022	1047
5	Lime	491	496	1	Lime	1047	1048
35	Shale	496	531	2	Shale	1048	1050
44	Lime	531	575	2	Lime	1050	1052
7	Shale	575	582	10	Oil Sand	1052	1062
15	Lime	582	597	38	Shale	1062	1100
19	Shale	597	616				
18	Lime	616	634		T.D.		1100
4	Shale	634	638		T.D. of Pipe		1096
19	Lime	638	657				
2	Shale	657	659				
3	Lime	659	662				
164	Shale	662	826				
4	Lime	826	830				
20	Shale	830	850				
9	Lime	850	859				
59	Shale	859	918				
2	Lime	918	920				
4	Shale	920	924				
11	Lime	924	935				
11	Shale	935	946				



Leis Oil Services, LLC

1410 150th RD
Yates Center, KS 66783

Invoice

Number: 1091

Date: July 31, 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
	Due Upon Receipt	Hammond E

Date	Description	Hours	Rate	Amount
7-10-12	Drill pit	100.00	1.00	100.00
7-10-12	cement for surface	8.00	12.60	100.80
7-10-12	Drilling for Hammond E 5-12	1,098.00	6.25	6,862.50
7-12-12	Drill pit	100.00	1.00	100.00
7-12-12	cement for surface	8.00	12.60	100.80
7-12-12	Drilling for Hammond E 15-12	1,092.00	6.25	6,825.00
7-13-12	Drill pit	100.00	1.00	100.00
7-13-12	cement for surface	8.00	12.60	100.80
7-13-12	Drilling for Hammond E 4-12	1,100.00	6.25	6,875.00
7-16-12	Drill pit	100.00	1.00	100.00
7-16-12	cement for surface	8.00	12.60	100.80
7-16-12	Drilling for Hammond E 14-12	1,100.00	6.25	6,875.00
Total				\$28,240.70

I pd this

*pd #352
7/30/12*

0 - 30 days	31 - 60 days	61 - 90 days	> 90 days	Total
\$28,240.70	\$0.00	\$0.00	\$0.00	\$28,240.70



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 37599

LOCATION Encke

FOREMAN Stevenson

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8678

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-19-02	4950	Hammond E ² 4-12				Woodson
CUSTOMER			TRUCK #			
Piggo Petroleum			DRIVER			
MAILING ADDRESS			TRUCK #			
1931 Xylan Rd.			DRIVER			
CITY						
Piggo						
STATE						
KS						
ZIP CODE						
66761						

JOB TYPE Long string HOLE SIZE _____ HOLE DEPTH 1096' CASING SIZE & WEIGHT _____
 CASING DEPTH 1094' DRILL PIPE _____ TUBING 2 3/8" OTHER _____
 SLURRY WEIGHT 13.6 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 6.3 bbl DISPLACEMENT PSI 600 MIX FOR plug 1100' RATE _____

REMARKS: 50 bbl Alleviating Pig up to 2 3/8" tubing. Break circulation w/ 5 bbls Fresh water. Mix 500 gal Flush & 5 bbls water spacer. Mix 1200 lbs 60/40 Perm Mix Cement w/ 5" Nol-Seal. 490 gal & 1 1/2 Cold. At 13.6 ppg. Shutdown. Washout pump & line. Shift & plug. Displace with 6.3 bbls Fresh water. Final pumping. Pressure burst Pump plug to 1000'. Ahead pressure down to 500'. Shut well in. Good cement. Return to surface 6 bbl slurry to pit. Job Complete Pig down.

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5201	1	PUMP CHARGE	1030.00	1030.00
5406	N/C	MILEAGE 2 nd well	-	-
1171	140 SK	60/40 Perm Mix Cement	12.55	1757.00
119A	700 ^{lb}	Nol-Seal 5" Perm	.46	322.00
115D	480 ^{gal}	Gal 4%	.21	100.80
1103	120 ^{gal}	Cold 1 1/2"	.74	88.80
1118D	300 ^{gal}	Gal Flush	.21	63.00
5407	6.02	Ten mileys Bulk Truck	DK	350.00
4402	2	2 3/8" Tap Rubber plug	28.00	56.00
			Subtotal	3767.60
			SALES TAX 2.2%	174.30
			ESTIMATED TOTAL	3941.90

AUTHORIZATION [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.



CONSOLIDATED
Oil Well Services, LLC

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

2nd well

TICKET NUMBER 53721
FIELD TICKET REF # 47696
LOCATION Trayer
FOREMAN Gaywick

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-1-12	4950	Hammond E# 4-12	9	24	16	W00

CUSTOMER
Green Leaf d/b/a Lynga Refco

MAILING ADDRESS

CITY STATE ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
524	Travis		
482	Tina		
552	Wes		
611/191	George		
455/T117	Eric		

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
1049-69.5	(42) <i>Squid</i>

*35 balls
70 dis*

TYPE OF TREATMENT
Acid / Frac / Acid OTF

CHEMICALS

<i>Clay/Custom Water</i>	<i>100 15% HCl Acid</i>
<i>100 20%</i>	<i>Inhibitor</i>
<i>20% Cal/Borate</i>	<i>Stimul</i>
<i>Bio-20</i>	<i>Acid OTF</i>

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI
<i>Pad</i>	<i>20</i>	<i>-16.5</i>			
<i>20/110</i>				<i>300</i>	BREAKDOWN 1700
<i>12/10</i>				<i>3200</i>	START PRESSURE
<i>12/20 10 balls</i>				<i>500</i>	END PRESSURE
<i>12/10 10 balls</i>	(30)			<i>500</i>	BALL OFF PRESS
<i>12/10 5 balls</i>				<i>500</i>	ROCK SALT PRESS
<i>12/20 3 balls</i>				<i>500</i>	ISIP 550
<i>12/20 2 balls</i>				<i>500</i>	5 MIN
<i>12/20</i>				<i>500</i>	10 MIN
<i>12/20</i>				<i>1000</i>	15 MIN
<i>Pluck - on</i>	<i>10</i>				MIN RATE
<i>Release - Overline</i>	<i>10</i>				MAX RATE
<i>Totals</i>	<i>180</i>			<i>7000</i>	DISPLACEMENT

REMARKS: *Spot acid to perfor. breakdown and stage*

AUTHORIZATION _____ TITLE _____ DATE _____

Terms and Conditions are printed on reverse side.