



KANSAS CORPORATION COMMISSION 1092216
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: 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>07/12/2012</u>	<u>07/13/2012</u>	<u>08/24/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-207-28231-00-00

Spot Description: _____

SW NE SE NE Sec. 8 Twp. 24 S. R. 16 East West

1810 Feet from North / South Line of Section

500 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 #: 14-12

Field Name: _____

Producing Formation: Squirrel

Elevation: Ground: 1067 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: Deanna Gertao Date: 08/30/2012



1092216

Operator Name: Piqua Petro, Inc. Lease Name: Hammond E Well #: 14-12
 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
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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	1096	60/40 Poz mix	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	-			

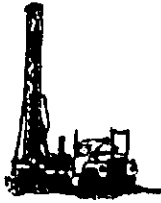
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
2	1052 to 1062 w/ 21 shots		

TUBING RECORD: <u>1</u> Size: <u>1049</u> Set At: <u>1049</u> Packer At: _____	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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) _____
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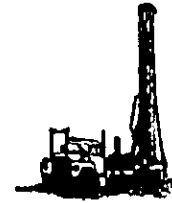
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input 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: _____ _____
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LEIS OIL SERVICES

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



Operator License #: 30345	API #: 15-207-28231-00-00
Operator: Piqua Petro Inc.	Lease: Hammond E
Address: 1331 Xylan Rd Piqua, KS 66761	Well #: 14-12
Phone: (620) 433-0099	Spud Date: 7-12-12 Completed: 7-13-12
Contractor License: 32079	Location: SW-NE-SE-NE of 8-245-16E
T.D. : 1100 T.D. of Pipe: 1096	1810 Feet From North
Surface Pipe Size: 7" Depth: 41'	500 Feet From East
Kind of Well: Oil	County: Woodson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
12	Soil/Clay	0	12	10	Lime	966	976
6	Lime	12	18	10	Shale	976	986
178	Shale	18	196	5	Lime	986	991
56	Lime	196	252	16	Shale	991	1007
16	Shale	252	268	7	Oil Sand	1007	1014
228	Lime	268	496	8	Broken Sand	1014	1022
34	Shale	496	530	24	Shale	1022	1046
2	Lime	530	532	1	Lime	1046	1047
12	Shale	532	544	3	Shale	1047	1050
25	Lime	544	569	2	Lime	1050	1052
12	Shale	569	581	10	Oil Sand	1052	1062
21	Lime	581	602	38	Shale	1062	1100
16	Shale	602	618				
13	Lime	618	631		T.D.		1100
6	Shale	631	637		T.D. of pipe		1096
18	Lime	637	655				
2	Shale	655	657				
4	Lime	657	661				
163	Shale	661	824				
3	Lime	824	827				
20	Shale	827	847				
13	Lime	847	860				
57	Shale	860	917				
2	Lime	917	919				
7	Shale	919	926				
12	Lime	926	938				
8	Shale	938	946				
7	Lime	946	953				
13	Shale	953	966				

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

*PO#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 37598
LOCATION Eureka
FOREMAN Steve Hood

PO Box 884, Chanute, KS 66720
620-431-0210 or 800-467-8678

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-19-12	4950	Hammond # 14-12				Madison
CUSTOMER			TRUCK #		DRIVER	
Piana Petroleum			485		Alan M	
Mailing Address			611		Tony	
1531 xylan Rd						
CITY	STATE	ZIP CODE				
Piana	Ks	66761				

JOB TYPE (Long string) 0 HOLE SIZE _____ HOLE DEPTH 1099' CASING SIZE & WEIGHT _____
 CASING DEPTH 1096' DRILL PIPE _____ TUBING 2 3/8" OTHER _____
 SLURRY WEIGHT 12.6 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 626Hl DISPLACEMENT PSI 600 1100 RATE _____

REMARKS: Safe Fracturing. Rig up to 2 3/8" Tubing. Break circulation w/ 500' Fresh water mix 200' Gel Flush & 300' Water spacer. Mix 140sk (60/40 Perm mix cement) w/ 5" Kal-seal 4 1/2" Gel & 1 1/2" Casdc. Shut down. Washout pump & lines. STUFF & PLUGS. Displace with 23Hl Fresh water final pumping pressure 600'. Bump plugs to 2200'. Read Pressure down to 500'. Shut well in. Good cement pattern to surface 600' 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	1070.00	1070.00
5406	40	MILEAGE	4.00	160.00
1171	140sk	60/40 Perm mix Cement	12.55	1757.00
1110A	700'	Kal Seal 5" perm/1sk	.46	322.00
1118A	480'	Gel 4 1/2"	.21	100.80
1192	120'	Casdc 1 1/2"	.74	88.80
1118B	300'	Gel Flush	.21	63.00
5407	6.02	700 miles Bulk Fuel	50.00	350.00
4402	2	2 3/8" Top Rubber plug	28.00	56.00
			SubTotal	9927.60
			SALES TAX	174.80
			ESTIMATED TOTAL	4101.90

251144

Form 5737

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 68720
620-431-9210 or 800-467-8676

1st well

TICKET NUMBER 53720
FIELD TICKET REF # 47686
LOCATION Thayer
FOREMAN G. J. White

TREATMENT REPORT
FRAC & ACID

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-1-12	4950	Hammond E # 14-12	5	24	16	W0
CUSTOMER <i>Green hair</i>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS			521 Tracy's			
CITY STATE ZIP CODE			482 Tim			
			582 WRS			
			485/T119 Eric			
			119/T91 George			

WELL DATA

CASING SIZE <i>2 1/2"</i>	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<i>1052-62</i>	<i>(21) Squeeze</i>

35' to 15' to 113'

TYPE OF TREATMENT
Acid / Squeeze

CHEMICALS

<i>Customer Water</i>	<i>100 lbs to 146 lbs</i>
<i>20' (ml) Peracetic</i>	<i>Inhibitor</i>
<i>Bicarbonate</i>	<i>Stimul.</i>

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI
<i>Pad</i>	<i>15</i>	<i>-16.3</i>			
<i>16/30</i>				<i>200</i>	BREAKDOWN 2000
<i>12/10</i>				<i>1700</i>	START PRESSURE
<i>12/20 5 balls</i>				<i>200</i>	END PRESSURE
<i>12/10 5 balls</i>				<i>200</i>	BALL OFF PRESS
<i>12/10 3 balls</i>				<i>200</i>	ROCK SALT PRESS
<i>12/10 2 balls</i>				<i>200</i>	ISIP 600
<i>12/20</i>				<i>700</i>	5 MIN
<i>Flush - 20'</i>					10 MIN
<i>Release - Pump - Release</i>					15 MIN
<i>Overline</i>					MIN RATE
					MAX RATE
<i>Total</i>	<i>130</i>			<i>3500</i>	DISPLACEMENT

REMARKS: *Syst. not used to parts - breakdown - acid stage*

1/11/12

AUTHORIZATION _____ TITLE _____ DATE _____

Terms and Conditions are printed on reverse side.