



KANSAS CORPORATION COMMISSION 1096719
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>08/03/2012</u>	<u>08/06/2012</u>	<u>08/28/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-207-28261-00-00
Spot Description: _____
NW NE NE NW Sec. 31 Twp. 25 S. R. 14 East West
180 Feet from North / South Line of Section
2130 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Woodson
Lease Name: Town Well #: 2-12
Field Name: _____
Producing Formation: Cattleman
Elevation: Ground: 989 Kelly Bushing: 0
Total Depth: 1350 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 Gantsoi Date: 10/15/2012



1096719

Operator Name: Piqua Petro, Inc. Lease Name: Town Well #: 2-12
Sec. 31 Twp. 25 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 <i>(Attach Additional Sheets)</i>	<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 <i>(If no, Submit Copy)</i>	<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	7	20	41	Regular	8	
Longstring	5.625	2.875	6.5	1346	60/40 Poz, OWC	150	

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	-			

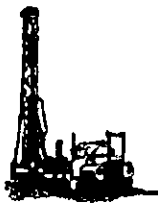
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
2	1301 to 1311 w/ 21 shots		

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

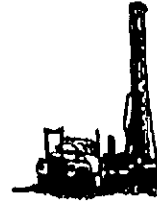
Date of First, Resumed Production, SWD or ENHR: _____ Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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LEIS OIL SERVICES



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

Operator License #: 30345	API #: 15-207-28261-00-00
Operator: Piqua Petro, Inc.	Lease: Town
Address: PO Box 223 Yates Center, KS 66783	Well #: 2-12
Phone: (620) 433-0099	Spud Date: 8/3/12 Completed: 8/6/12
Contractor License: 32079	Location: NW-NE-NE-NW of 31-25-14E
T.D. : 1350 T.D. of Pipe: 1346	180 Feet From North
Surface Pipe Size: 7" Depth: 41'	2130 Feet From West
Kind of Well: Oil	County: Woodson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
12	Soil/Clay	0	12	3	Lime	1084	1087
125	Shale	12	137	20	Shale	1087	1107
3	Lime	137	140	4	Lime	1107	1111
5	Shale	140	145	5	Shale	1111	1116
4	Lime	145	149	10	Lime	1116	1126
164	Shale	149	313	2	Black Shale	1126	1128
191	Lime	313	504	5	Shale	1128	1133
23	Shale	504	527	6	Lime	1133	1139
58	Lime	527	585	68	Shale	1139	1207
8	Shale	585	593	2	Lime	1207	1209
2	Lime	593	595	8	Shale	1209	1217
48	Shale	595	643	2	Lime	1217	1219
78	Lime	643	721	77	Shale	1219	1299
3	Shale	721	724	13	Oil Sand	1299	1312
3	Black Shale	724	727	38	Shale	1312	1350
5	Lime	727	732				
10	Lime w/ oil show	732	742				
41	Lime	742	783				
8	Shale	783	791				
7	Lime	791	798				
140	Shale	798	938				
5	Lime	938	943				
26	Shale	943	969				
9	Lime	969	978		T.D.		1350
81	Shale	978	1059		T.D. of Pipe		1346
2	Lime	1059	1061				
8	Shale	1061	1069				
4	Lime	1069	1073				
11	Shale	1073	1084				

CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 37666
LOCATION Evieka
FOREMAN Rick Lett

Box 884, Chanute, KS 66720
20-431-8210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-7-12	4950	Town 2-12				Woodson
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			520	John		
CITY			479	Marie		
STATE			515	Calin		
ZIP CODE						

JOB TYPE L/S HOLE SIZE 5 5/8" HOLE DEPTH 1350' CASING SIZE & WEIGHT _____
 CASING DEPTH 1350' DRILL PIPE _____ TUBING 2 7/8" OTHER _____
 SLURRY WEIGHT 130-135 SLURRY VOL 43 CB WATER gal/sk 7.4 B. CEMENT LEFT in CASING 0'
 DISPLACEMENT 2' DISPLACEMENT PSI 700 MAX PSI 500 shut in RATE _____

REMARKS: Safety meeting - Rig up to 2 7/8" tubing. Break circulation w/ 3 BW fresh water. Pump 10 sec get flush, 30 BW water spacer brought gel to surface. Circled 100 sec w/ 100 Pozair cement w/ 6% gel + 1" phenoxal/sk @ 13.0°/gal. Tail in w/ 50 sec OWC cement w/ 5" Kal-sol/sk + 1" phenoxal/sk @ 13.5°/gal shut down, washout pump + line, stuff 2 plugs. Displace w/ 2' BW fresh water. Final pump pressure 700 PSI. Pump plug to 100 PSI. Shut well in @ 500 PSI. Good cement returns to surface - 8 BW 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	20	MILEAGE	4.00	80.00
1131	100 sec	60/40 Pozair cement	12.55	1255.00
1118A	500"	6% gel	.21	105.00
1107A	100"	1" phenoxal/sk	1.29	129.00
1126	50 sec	OWC cement	19.80	990.00
1108	250"	5" Kal-sol/sk	.46	115.00
1107A	50"	1" phenoxal/sk	1.29	64.50
1118A	500"	gel-Flush	.21	105.00
5407	6.9	tan mileage back trip	47.6	328.00
4402	2	27 1/2" top rubber plug	28.00	56.00
			sub total	4229.50
			SALES TAX 7.9%	202.80
			ESTIMATED TOTAL	4431.70

Rev'n 0737

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

TREATMENT REPORT
FRAC & ACID

TICKET NUMBER 53864
FIELD TICKET REF # 47766
LOCATION Thayer
FOREMAN Gregory E. ...

1st well

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-20-12	4950	Thayer #2-12				WO

CUSTOMER
Green Leaf

MAILING ADDRESS

CITY STATE ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
524	Tracy S		
458	Tim		
521	Daniel		
619/791	George		
455/795	Eric		

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>1301-11 (21) 15' shale</i>	

TYPE OF TREATMENT
Acid 230' / Fracture

CHEMICALS

<i>Water</i>	<i>75 15% HCl acid</i>
<i>20# Cell Breaker</i>	<i>Shim O. I</i>
<i>Biocide</i>	<i>50 15% OTF</i>

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<i>Pad</i>	<i>15</i>	<i>- 163</i>				BREAKDOWN <i>2000</i>
<i>20/100</i>				<i>700</i>		START PRESSURE
<i>12/10</i>				<i>2700</i>		END PRESSURE
<i>12/20 7+3.2+1.5+1.1</i>	<i>(13)</i>	<i>50 and OTF</i>		<i>1500</i>		BALL OFF PRESS
<i>12/20</i>				<i>1500</i>		ROCK SALT PRESS
<i>Flush + Gum</i>	<i>12</i>					ISIP <i>500</i>
<i>Release</i>						5 MIN
<i>Overhead</i>	<i>5</i>					10 MIN
						15 MIN
Totals	<i>148</i>			<i>6000</i>		MIN RATE
						MAX RATE
						DISPLACEMENT

REMARKS: *Spot acid to perforation build-up and stage*

AUTHORIZATION _____ TITLE _____ DATE _____

Terms and Conditions are printed on reverse side.

Lels Oil Services, LLC

1410 160th RD
Yates Center, KS 68783

Invoice

Number: 1001

Date: September 09, 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
		Town - Nordmeyer

Date	Description	Hours	Rate	Amount
8-6-12	Drilling for Town 2-12	1,350.00	6.25	8,437.50
8-3-12	cement for surface	8.00	12.60	100.80

