



KANSAS CORPORATION COMMISSION 1096723  
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     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 #: \_\_\_\_\_

08/20/2012	08/21/2012	09/20/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-207-28267-00-00  
Spot Description: \_\_\_\_\_  
SE NE NE NW Sec. 31 Twp. 25 S. R. 14  East  West  
510 Feet from  North /  South Line of Section  
2460 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Woodson  
Lease Name: Town Well #: 3-12  
Field Name: \_\_\_\_\_  
Producing Formation: Cattleman  
Elevation: Ground: 1005 Kelly Bushing: 0  
Total Depth: 1372 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 Garbar Date: 10/15/2012



1096723

Operator Name: Piqua Petro, Inc. Lease Name: Town Well #: 3-12  
 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 <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	1369	60/40 Poz, OWC	150	

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	1322 to 1332 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
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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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**Lels Oil Services, LLC**

1410 150th RD  
Yates Center, KS 66783

# Invoice

Number: 1001

Date: September 09, 2012

**Bill To:**

Greg Lair  
Piqua Petro  
1331 Xylan Rd  
Piqua, KS 66761

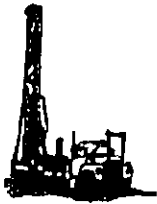
**Ship To:**

Greg Lair  
Piqua Petro  
1331 Xylan Rd  
Piqua, KS 66761

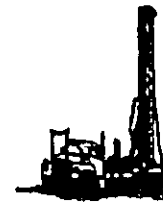
PO Number	Terms	Project
		Town - Nordmeyer

Date	Description	Hours	Rate	Amount
8-20-12	Drill pit	100.00	1.00	100.00
8-20-12	cement for <u>surface</u>	8.00	12.60	100.80
8-21-12	Drilling for Town 3-12	1,372.00	6.25	8,575.00





# LEIS OIL SERVICES



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

Operator License #: 30345	API #: 15-207-28267-00-00
Operator: Piqua Petro, Inc.	Lease: Town
Address: PO Box 223 Yates Center, KS 66783	Well #: 3-12
Phone: (620) 433-0099	Spud Date: 8/20/12 Completed: 8/21/12
Contractor License: 32079	Location: SE-NE-NE-NW of 31-25-14E
T.D.: 1372 T.D. of Pipe: 1369	510 Feet From North
Surface Pipe Size: 7" Depth: 41'	2460 Feet From West
Kind of Well: Oil	County: Woodson

## LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
2	Soil/Clay	0	2	9	Lime	988	997
4	Lime	2	6	79	Shale	997	1076
149	Shale	6	155	3	Lime	1076	1079
2	Lime	155	157	11	Shale	1079	1090
5	Shale	157	162	3	Lime	1090	1093
4	Lime	162	166	4	Shale	1093	1097
164	Shale	166	330	7	Lime	1097	1104
7	Lime	330	337	20	Shale	1104	1124
6	Shale	337	343	15	Lime	1124	1139
42	Lime	343	385	12	Shale	1139	1151
3	Shale	385	388	5	Lime	1151	1156
132	Lime	388	520	66	Shale	1156	1222
24	Shale	520	544	3	Lime	1222	1315
80	Lime	544	624	7	Sandy Shale	1315	1322
23	Shale	624	647	10	Sand/lt odor/bleed	1322	1332
6	Lime	647	653	40	Shale	1332	1372
7	Shale	653	660				
82	Lime	660	742				
3	Black Shale	742	745				
7	Lime	745	752				
6	Lime/ light oil show	752	758				
15	Lime	758	773				
2	Black Shale	773	775				
40	Lime	775	815				
141	Shale	815	956		T.D.		1372
3	Lime	956	959		T.D. of Pipe		1369
14	Shale	959	973				
2	Lime	973	975				
13	Shale	975	988				



**CONSOLIDATED**  
Oil Well Services, LLC

**ENTERED**

TICKET NUMBER 37798

LOCATION Eureka

FOREMAN Steve Reed

PO Box 884, Chanute, KS 66720  
820-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-22-12	4950	Town #3-12				Woodson
CUSTOMER <u>Pigna Petroleum</u>			TRUCK #			
MAILING ADDRESS <u>1231 xylan Rd</u>			DRIVER			
CITY <u>Pigna</u>			TRUCK #			
STATE <u>KS</u>			DRIVER			
ZIP CODE			TRUCK #			
			DRIVER			

JOB TYPE Logging HOLE SIZE 5 7/8 HOLE DEPTH 1971' CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH 1267' DRILL PIPE \_\_\_\_\_ TUBING 2 3/8 OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT IN CASING \_\_\_\_\_  
 DISPLACEMENT 7.9 bbl DISPLACEMENT PSI 700\* RATE \_\_\_\_\_

REMARKS: Safety Meeting: Rig up to 2 3/8 tubing. Break circulation w/ fresh water. Pump 500\* Gal Flush + 20 bbl water pres. Mix 100 sks 6 1/2% perm cement w/ 6% Gal + 1" phenoseal per/sk at 12.4\* gal. Tail in with 50 sks o/w cement w/ 5" Gal Seal + 1" phenoseal/sk AT 12.4\* gal. Shut down Washout pump + lines. Staff 2 plug Displace with 7.9 bbl Fresh water Final pumping Pressure 700\* Pump Plug 1800\* Shut down w/ 500\*. Job complete Rig down Good cement Return to surface.

*Thank You*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5461	-1	PUMP CHARGE	1030.00	1030.00
5406	20	MILEAGE	4.00	80.00
1171	100 SKS	6 1/2% Perm mix Cement	12.55	1255.00
1118B	500*	Gal 6% } Lead	.21	105.00
1107A	100*	Phenoseal 1" per/sk } Lead	1.29	129.00
1126	50 sks	O/W Cement	18.80	940.00
1109	250*	Gal Seal 5" per/sk } Lead	.46	115.00
1107B	50*	Phenoseal 1" per/sk } Lead	1.29	64.50
1118D	500*	Gal Flush	.21	105.00
5407	6.9	Town mileage Bulk Truck	n/a	350.00
4401	2	2 3/8 Top Roller Plug	28.00	56.00
55025	3 hrs	80 bbl Vacuum Truck	90.00	270.00
1123	3000 gallen	CITY WATER	16.50/1000	49.50
		SUBTOTAL		4549.00
		SALES TAX		205.91
		ESTIMATED TOTAL		4754.91

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.