



KANSAS CORPORATION COMMISSION 1096715
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 (Corr, 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>08/30/2012</u>	<u>09/06/2012</u>	<u>09/28/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-207-28244-00-00
Spot Description: _____
NE SE NE NE Sec. 8 Twp. 24 S. R. 16 East West
830 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 #: 3-12
Field Name: _____
Producing Formation: Squirrel
Elevation: Ground: 1064 Kelly Bushing: 0
Total Depth: 1103 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	
<input type="checkbox"/> Letter of Confidentiality Received	Date: _____
<input type="checkbox"/> Confidential Release Date: _____	
<input type="checkbox"/> Wireline Log Received	
<input type="checkbox"/> Geologist Report Received	
<input type="checkbox"/> UIC Distribution	
ALT <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>Deanna Gombor</u> Date: <u>10/15/2012</u>



1096715

Operator Name: Piqua Petro, Inc. Lease Name: Hammond E Well #: 3-12
 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 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	-			

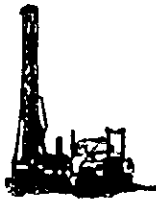
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2	1050 to 1060 w/ 21 shots		

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

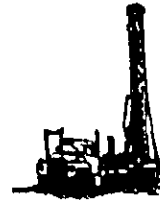
Date of First, Resumed Production, SWD or ENHR: _____ Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

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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LEIS OIL SERVICES



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

Operator License #: 30345		API #: 15-207-28244-00-00	
Operator: Piqua Petro Inc.		Lease: Hammond E	
Address: 1331 Xylan Rd Piqua, KS 66761		Well #: 3-12	
Phone: (620) 433-0099		Spud Date: 8-30-12 Completed: 9-6-12	
Contractor License: 32079		Location: NE-SE-NE-NE of 8-24S-16E	
T.D.: 1103	T.D. of Pipe: 1096	830	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
6	Soil/Clay	0	6	10	Lime	921	931
4	Lime	6	10	12	Shale	931	943
190	Shale	10	200	4	Lime	943	947
55	Lime	200	255	14	Shale	947	961
20	Shale	255	275	5	Lime	961	966
195	Lime	275	470	15	Shale	966	981
11	Shale	470	481	5	Lime	981	986
3	Lime	418	484	8	Shale	986	994
5	Shale	484	489	4	Sandy Shale	994	998
4	Lime	489	493	21	Oil Sand	998	1019
36	Shale	493	529	27	Shale	1019	1046
3	Lime	529	532	3	Lime	1046	1049
2	Shale	532	534	6	Broken Oil Sand	1049	1055
66	Lime	534	600	6	Oil Sand	1055	1061
3	Shale	600	603	52	Sandy Shale	1061	1103
3	Black Shale	603	606		T.D.		1103
23	Lime	606	629		T.D. of Pipe		1096
2	Shale	629	631				
3	Black Shale	631	634				
23	Lime	634	658				
161	Shale	658	819				
2	Lime	819	821				
22	Shale	821	843				
10	Lime	843	853				
7	Shale	853	860				
3	Lime	860	863				
49	Shale	863	912				
3	Lime	912	915				
6	Shale	915	921				

Leis Oil Services, LLC

1410 150th Rd
Yates Center, KS 66783

Invoice

Number: 1001

Date: September 18, 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

Hammond E3,4,9-12

Date	Description	Hours	Rate	Amount
8-30-12	Drill pit	100.00	1.00	100.00
8-30-12	cement for surface	8.00	12.60	100.80
9-6-12	drilling for Hammond E 3-12	1,103.00	6.25	6,893.75





CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 37911
LOCATION Enola
FOREMAN Steve Reed

PO Box 884, Chanute, KS 65720
620-431-9210 or 800-467-8576

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-7-12	4950	Hammond E #2-12				Woods
CUSTOMER I. Anna Pitulawa			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1831 Xyland Rd			485	Alan		
CITY Piqua	STATE KS	ZIP CODE 66761	475	Mark		

JOB TYPE Logging HOLE SIZE _____ HOLE DEPTH 1103' CASING SIZE & WEIGHT _____
CASING DEPTH 1096' DRILL PIPE _____ TUBING 2 3/4" OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING _____
DISPLACEMENT 6.3 bbl DISPLACEMENT PSI 600 Pump plug 1000' RATE _____

REMARKS: Safety Meeting: Rig up to 2 3/4 Tubing. Breaks circulation with Fresh water Pump 300' Gel Flush & 5 bbl water spacer. Mix 1405 lb 60/40 Poz Mix Cement w/ 5" Kal-Seal, 4% Gel + 1% Cocle. Shut down Washout pump & line. Stuff plug. Displace with 6.3 bbl Fresh water. Final Pumping Pressure 600' Pump Plug 1000' Shut well in 500' Good Cement Returns to surface. 6 bbl slurry to ft. 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
1131	1405 lb	60/40 Poz mix Cement	12.55	1757.00
110A	700 #	Kal-Seal 5# per sk	.46	322.00
118B	480 #	Gel 4%	.21	100.80
1102	120 #	Cocle 1%	.74	88.80
118A	300 #	Gel Flush	.21	63.00
5407	602	Tan on legs Bulk Truck	.075	360.00
5408	2	2 3/4 Top Rubber Plug	28.00	56.00
			Subtotal	3927.60
			SALES TAX	174.80
			ESTIMATED TOTAL	4102.40

HOWE 1707

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.