



KANSAS CORPORATION COMMISSION 1105163
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 #:

11/01/2012	11/02/2012	11/19/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-207-28351-00-00
Spot Description:
NE NE SE SE Sec. 6 Twp. 24 S. R. 17 East West
1150 Feet from North / South Line of Section
300 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Woodson
Lease Name: Woods-Ellis Well #: 16-11
Field Name:
Producing Formation: Mississippi
Elevation: Ground: 994 Kelly Bushing: 0
Total Depth: 1262 Plug Back Total Depth:
Amount of Surface Pipe Set and Cemented at: 35 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: Feet
If Alternate II completion, cement circulated from: 35
feet depth to: 0 w/ 25 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 Garrison Date: 12/20/2012



1105163

Operator Name: Piqua Petro, Inc. Lease Name: Woods-Ellis Well #: 16-11
 Sec. 6 Twp. 24 S. R. 17 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	19	35	Class A	25	
Longstring	5.625	2.875	6.5	1258	OWC	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	1214 to 1221 w/ 15 shots		

TUBING RECORD: Size: <u>1</u> Set At: <u>1212</u> Packer At: _____ Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>11/19/2012</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" 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: _____ _____
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		Woods	Ellis	1611	By Road
1206-1211 5th	light odor	light free oil	10% med porous good oil 60% very tight pale lime 20% shale 10% chert		5%
1206-1211 2nd odor ?	very faint odor	light free oil	60% chert 20% shale 15% med porous good oil 5% very tight pale lime		8%
1206-1211 3rd	No odor	No oil	50% chert 40% very hard lime 10% shale		0%
1211-1214 5th	No odor	very very little free oil	80% very tight lime 20% white chalk		0%
1211-1214 od in 2 nd 1 st layer	odor	med free oil	30% good porous good oil 30% med porous little oil 10% white chalk 30% hard tight lime		20%
1216-1222 1st	odor	little free oil	70% chert 15% med porous med oil 15% very hard tight lime		10%
1216-1222 2nd	light odor	med free oil	50% chert 30% med porous med oil 20% very hard tight lime		25%
1222-1227 1st	light odor	mucky	Mucky 95% very tight lime 5% about,		0%



CONSOLIDATED
Oil Well Services, L.L.C.

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8576

TICKET NUMBER 54421
FIELD TICKET REF # _____
LOCATION THAYER, KS
FOREMAN LANNON WESSLING

TREATMENT REPORT
FRAC & ACID

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-15-12		Wood/Ellis # 16-11	6	24s	17E	WD
CUSTOMER			TRUCK #			
Mailing Address			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE						

WELL DATA

CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
1214-1221	

CHEMICALS

ACID	FORMATION WATER
T. N. H. I. C.	B. I. G. I. C.
STIM	
AR 110	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI
		3.5			
BREAKDOWN 700					
START PRESSURE					
END PRESSURE					
BALL OFF PRESS <u>None</u>					
ROCK SALT PRESS					
ISIP <u>400</u>					
5 MIN					
10 MIN					
15 MIN					
MAX RATE					
DISPLACEMENT					
Total Ballsack	7				
Total Water	1900 gal				
Total Acid	900 gal				
TOTAL FLUID	2000 gal				248 Gal

REMARKS:
Broke well down! Well broke very easily. Drilled 7 Ballsack.
Did NOT see any activity. SHUT DOWN - Released - Let Sub -
2000 gal Flush

AUTHORIZATION _____ TITLE _____ DATE 11-15-12

Terms and Conditions are printed on reverse side.