



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

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 #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____-_____-_____- Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

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: _____ Date: _____



1050645

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input 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
---	---

CASING RECORD <input 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

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

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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
---	--	--

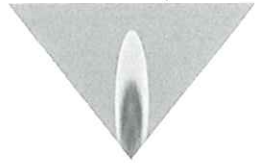
Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	BEACHNER BROS 31-28-20-1
Doc ID	1050645

All Electric Logs Run

CDL
DIL
NDL
TEMP

QUEST

Resource Corporation



211 W. 14TH STREET,
CHANUTE, KS 66720
620-431-9500

D10065

TICKET NUMBER

6979

FIELD TICKET REF # _____

FOREMAN Joe BIANCHERO

SSI _____

API _____

TREATMENT REPORT & FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-13-10	Beachner Bms 31-28-20-1	31 28	28	20	No

FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Joe BIANCHERO	7:00	12:00		904850		5	Joe BIANCHERO
Darrell Chamy	↓	↓		903255		5	Darrell Chamy
Larry Reddick	↓	↓		903206		5	Larry Reddick

JOB TYPE Surface HOLE SIZE 11 HOLE DEPTH _____ CASING SIZE & WEIGHT 8 5/8 Surface
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE 4bpm

REMARKS:

Drill Rig ARRIVED At 9:45am. At 10:30 we started Pumping gel to get pit while Rig Drilled Surface. when Rig Reached Surface Bottom we shut down. Pulled Drilled pipe RAN Surface Pipe Pumped 25 SKS of cement At 4bpm to get cement to surface. Shut valve in on Surface Pipe cleaned Equipment Left location at 12:00 pm

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904850	5 hr	Foreman Pickup	
903255	↓ hr	Cement Pump Truck	
903206	↓ hr	Bulk Truck	
		Transport Truck	
		Transport Trailer	
		80 Vac	
	0	Casing	
	0	Centralizers	
	0	Float Shoe	
	0	Wiper Plug	
	0	Frac Baffles	
	25 SKS	Portland Cement	
	0	Gilsonite	
	0	Flo-Seal	
	0	Premium Gel	
	0	Cal Chloride	
	0	KCL	
	5000 gal	City Water	

QUEST

Resource Corporation



211 W. 14TH STREET,
CHANUTE, KS 66720
620-431-9500

Called Becke At KCC At 9:00 AM

TICKET NUMBER

6984

D10065

231
230

FIELD TICKET REF # _____

FOREMAN Joe Blanchard

SSI ~~625~~ 623510

API _____

TREATMENT REPORT & FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-16-10	Beachner Bros 31-28-20-1	31	28	20	NO

FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Joe Blanchard	7:00	1:00		904850		6	<i>Joe Blanchard</i>
Curt Collins	7:00	↓		931300	932900	↓	<i>Curt Collins</i>
LARRY [unclear]	7:00	↓		903206		↓	<i>[Signature]</i>
Darrell Chaney	7:00	↓		903197		↓	<i>[Signature]</i>

JOB TYPE Long string HOLE SIZE 7 7/8 HOLE DEPTH 907 CASING SIZE & WEIGHT 5 1/2 16#
 CASING DEPTH 897.63 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 21.37 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4bpm

REMARKS:

RAW 897 Ft Casing in hole. Installed cement head RAW 4 SKS gel of 15 bbl water to get circulation. RAW 16 bbl dye & 150 SKS of cement to get dye to surface. Flushed pump. Pumped wiper plug to bottom & set float shoe. Stroked casing 18 inches up & down during cement job.

Pump truck fueled this morning because straps on fuel tank was just replaced so tank was empty

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904850	6 hr	Foreman Pickup	
903197	↓ hr	Cement Pump Truck	
903206	↓ hr	Bulk Truck	
903414	↓ hr	Transport Truck	
932170	↓ hr	Transport Trailer	
		80 Vac	
	897.63 Ft	Casing	
	5	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	2	Frac Baffles 4" at 4 1/2	
	130 SK	Portland Cement	
	30 SK	Gilsonite	
	3 SK	Flo-Seal	
	18 SK	Premium Gel	
	5 SK	Cal Chloride	
		KCL	
	7000 gal	City Water	

1 Cement Basket 5 1/2"

