



**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: \_\_\_\_\_



1050655

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
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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 Bbbs.	Gas Mcf	Water Bbbs.	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 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: _____ _____
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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	UNION CENTRAL LIFE 6-1
Doc ID	1050655

All Electric Logs Run

CDL
DIL
NDL
TEMP

# QUEST

Resource Corporation

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

Called Becke @ KCC AT 10:30 AM

D10051

231

TICKET NUMBER

✓ 6985

FIELD TICKET REF #

FOREMAN Joe Blanchard

SSI 629630

API

## TREATMENT REPORT & FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-29-10	UNION Central Life 6-1	6	28	17	WL

FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Joe Blanchard	7:00	2:30		904850		7.5	Joe Blanchard
John Walker	10:30	3:00		903414	932170	4.5	John Walker
Curt Collins	7:00	2:30		931310		7.5	Curt Collins
Daniel Popia	7:00	2:30		903206		7.5	Daniel Popia
Darrell Chene	7:00	2:30		903197		7.5	Darrell Chene

JOB TYPE Longstring HOLE SIZE 7 7/8 HOLE DEPTH 1254 CASING SIZE & WEIGHT 5 1/2 16#  
 CASING DEPTH 1245.88 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.5 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 0  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI 600psi MIX PSI \_\_\_\_\_ RATE 4bpm

REMARKS:

washed 8 Ft 5 1/2 in hole sweep hole with 200 pounds gal. Installed Cementhead RAN 20 bbl dye & 170 SKS of Cement to get dye to surface Flush pump. Pumped wiper plug to bottom & set float shoe.

Did not arrive on location till 9:30 due to having to have & 25 Ft Sub welded up for trailer. Stroked up & down on casing during Cement Job.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904850	7.5 hr	Foreman Pickup	
903197	7.5 hr	Cement Pump Truck	
903206	7.5 hr	Bulk Truck	
903414	4.5 hr	Transport Truck	
932170	4.5 hr	Transport Trailer	
		80 Vac	
	1245.88 Ft	Casing 5 1/2	
	6	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	2	Frac Baffles 4' x 4 1/2"	
	135 SK	Portland Cement	
	35 SK	Gilsonite	
	3 SK	Flo-Seal	
	26 SK	Premium Gel	
	5 SK	Cal Chloride	
		KCL	
	7000 gal	City Water	

**McPherson Drilling LLC Drillers Log**

**PO# TLC 102510-1**

**AFE# D10051**

<b>Rig Number:</b> 1	<b>S. 6</b>	<b>T. 28</b>	<b>R.17 E</b>
<b>API No. 15- 205-27867</b>	<b>County: WILSON</b>		
<b>Elev. 1001</b>	<b>Location: NE SW NE NW</b>		

<b>Gas Tests:</b>		
		<b>MCF</b>
650	0.00	MCF
735	0.00	MCF
740	0.00	MCF
754	0.00	MCF
828	0.00	MCF
878	0.00	MCF
904	trace	MCF
978	trace	MCF
1060	trace	MCF
1029	trace	MCF
1129	trace	MCF
1137	2 on 1/8"	2.76

<b>Operator:</b> POSTROCK			
<b>Address:</b> 210 Park Ave Ste 2750 Oklahoma City, OK 73102-5641			
<b>Well No:</b> 6-1	<b>Lease Name:</b> UNION CENTRAL LIFE		
<b>Footage Location:</b>	960 ft. from the	<b>NORTH</b>	<b>Line</b>
	1780 ft. from the	<b>WEST</b>	<b>Line</b>
<b>Drilling Contractor:</b> McPherson Drilling LLC			
<b>Spud date:</b> 10/27/2010	<b>Geologist:</b> Ken Recoy		
<b>Date Completed:</b> 10/29/2010	<b>Total Depth:</b> 1254		

<b>Casing Record</b>			<b>Rig Time:</b>	
	<b>Surface</b>	<b>Production</b>		
<b>Size Hole:</b>	11"	7 7/8"		
<b>Size Casing:</b>	8 5/8"			
<b>Weight:</b>	20#			
<b>Setting Depth:</b>	21	NC		
<b>Type Cement:</b>	Portland		<b>DRILLER:</b> Andy Coats	
<b>Sacks:</b>	4	NC	<b>Start injecting (</b> 230	

<b>Well Log</b>										
<b>Formation</b>	<b>Top</b>	<b>Btm.</b>	<b>HRS.</b>	<b>Formation</b>	<b>Top</b>	<b>Btm.</b>		<b>Formation</b>	<b>Top</b>	<b>Btm.</b>
soil	0	4		lime	690	693		sand shale	1100	1109
shale	4	21		shale	693	713		black shalw	1109	1112
lime	21	39		lime	713	720		shale	1112	1126
shale	39	132		black shale	720	735		coal	1126	1127
lime(wet)	132	142		lime	735	744		shale	1127	1131
shale	142	280		black shale	744	755		coal	1131	1132
lime	280	294		shale	755	763		black shalw	1132	1135
shale	294	304		lime	763	764		Miss (odor)	1135	1254
lime	304	321		sand	764	806				TD
shale	321	325		shale	806	821				
lime	325	331		coal	821	823				
shale	331	460		shale	823	868				
lime	460	475		black shale	868	871				
shale	475	499		shale	871	890				
black shale(wet)	499	501		coal	890	891				
sand shale	501	553		shale	891	907				
lime	553	560		coal	907	908				
shale	560	604		sand shale	908	910				
coal	604	605		oil sand	910	916				
shale	605	657		shale	916	960				
lime	657	663		coal	960	962				
shale	663	668		shale	962	1015				
lime	668	682		sand(wet)	1015	1099				
black shale	682	690		coal	1099	1100				

Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



phone: 316-337-6200  
fax: 316-337-6211  
<http://kcc.ks.gov/>

Thomas E. Wright, Chairman  
Ward Loyd, Commissioner

Corporation Commission

Sam Brownback, Governor

February 11, 2011

LANCE GALVIN  
PostRock Midcontinent Production LLC  
Oklahoma Tower  
210 Park Ave, Ste 2750  
OKLAHOMA CITY, OK 73102

Re: ACO1  
API 15-205-27867-00-00  
UNION CENTRAL LIFE 6-1  
NW/4 Sec.06-28S-17E  
Wilson County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,  
Jennifer R. Beal