



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: _____



1050661

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 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 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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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	UNION CENTRAL LIFE 31-29-17-1
Doc ID	1050661

All Electric Logs Run

CDL
DIL
NDL
TEMP

Scanned to YG. 11/15/10

QUEST

Resource Corporation

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

D10055

231

TICKET NUMBER 6988

FIELD TICKET REF # _____

FOREMAN Joe Blanche

SSI _____

API _____

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-3-10	UNION Central life 31-29-17-1	31	29	17	Wb

FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Joe Blanche	7:00	1:30		904850		6.5	<i>[Signature]</i>
Curt Collins	11:00	1:00		931385	931590	6	<i>[Signature]</i>
Robert Rife	7:00	1:30		981505	931395	6.5	<i>[Signature]</i>
DANIEL POPA	7:00	1:30		903206			<i>[Signature]</i>
John Walker	7:00	1:30		904310	932908		<i>[Signature]</i>
Darrel Chaney	7:00	1:30		903197			<i>[Signature]</i>

JOB TYPE Longstring HOLE SIZE 7 7/8 HOLE DEPTH 1146 CASING SIZE & WEIGHT 5 1/2 16#
 CASING DEPTH 1130.10 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 26.90 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4bpm

EMARKS:

RAW 1130 Ft 5 1/2 in hole. Installed cement head RAW 18 bbl dye & 155 SKS of cement to get dye to surface. Flush pump. Pump wiper. Plug for bottom of set float shoe.

Had safety meeting at 9:57 AM Safety director was present
 Due to over 20 PPM H2S. H2S monitors were worn near well
 Cement to surface.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904850	6.5 hr	Foreman Pickup	
903197	6.5 hr	Cement Pump Truck	
903206	6.5 hr	Bulk Truck	
981505	6.5 hr	Transport Truck	
931395	6.5 hr	Transport Trailer	
931385	6 hr	30 Yac Transport	
	1130.10 FT	Casing 5 1/2	
	6	Centralizers	
	1	Float-Shoe	
	1	Wiper Plug	
	2	Frac Baffles 4" to 4 1/2"	
	125 SK	Portland Cement	
	31 SK	Gilsonite	
	3 SK	Flo-Seal	
	23 SK	Premium Gel	
	5 SK	Cal Chloride	
		KCL	
	7000 gal	City Water	
904310		Casing tractor	
932900		Casing trailer	

McPherson Drilling LLC Drillers Log

PO# TLC 102510-2 AFE# D10055

Rig Number:	1	S. 31	T. 29	R. 17E
API No. 15-	205-27868	County:	WILSON	
Elev.	867	Location:	E 2 5 E SW SW	

Gas Tests:		
		MCF
350	0.00	MCF
427	0.00	MCF
485	0.00	MCF
527	0.00	MCF
554	0.00	MCF
582	0.00	MCF
604	3 ON 1/8	4.84
654	3 ON 1/8	4.84
778	2 on 1/8	3.92
840	2 on 1/8	3.92
855	2 on 1/8	3.92
955	9 on 1/2	108
998	9 on 1/2	108
1005	9 on 1/2	108
1140	9 on 1/2	108

Operator:	POSTROCK		
Address:	210 Park Ave Ste 2750 Oklahoma City, OK 73102-5641		
Well No:	31-29-17-1	Lease Name:	UNION CENTRAL LIFE
Footage Location:	330 ft. from the	SOUTH Line	
	1060 ft. from the	WEST Line	
Drilling Contractor:	McPherson Drilling LLC		
Spud date:	10/29/2010	Geologist:	Ken Raccoy
Date Completed:	11/1/2010	Total Depth:	1089

Casing Record			Rig Time:	
	Surface	Production		
Size Hole:	11"	7 7/8"		
Size Casing:	8 5/8"			
Weight:	20#			
Setting Depth:	21	NC		
Type Cement:	Portland		DRILLER:	Andy Coats
Sacks:	4	NC	Start injecting:	220

Well Log									
Formation	Top	Btm.	HRS.	Formation	Top	Btm.	Formation	Top	Btm.
soil	0	3		black shale	503	505	black shale	804	807
shale	3	57		lime	505	510	shale	807	837
black shale	57	60		coal	510	512	black shale	827	829
shale	60	104		shale	512	527	shale	829	849
lime	104	110		sand	527	530	black shale	849	853
shale	110	112		sand shale	530	549	shale	853	875
lime	112	156		coal	549	550	sand	875	892
sand shale	156	169		lime (odor)	550	574	sand shale	892	906
black shale	169	171		summit	574	580	wet sand	906	920
wet lime	171	199		lime	580	585	sand shale	920	929
shale	199	216		shale	585	586	wet sand	929	941
lime	216	278		black shale	586	592	coal	941	942
shale	278	287		coal	592	594	shale	942	980
black shale	287	289		lime	594	596	coal	980	982
shale	289	318		shale	596	642	shale	982	994
black shale	318	320		black shale	642	645	coal	994	997
shale	320	369		sand shale	645	668	black shale	997	1001
lime	369	376		sand	668	679	Miss	1001	1140
shale	376	420		sand shale	679	682			
coal	420	421		sand	682	762			
shale	421	475		coal	762	763			
lime	475	477		sand (odor)	763	796			
coal	477	478		sand shale	796	800			
lime	478	503		lime	800				

TD

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 15-205-27868-00-00
UNION CENTRAL LIFE 31-29-17-1
SW/4 Sec.31-29S-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