



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



1054702

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> <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	PERKINS, JAMES 18-4
Doc ID	1054702

All Electric Logs Run

CDL
DIL
NDL
TEMP



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 30087

LOCATION EUREKA

FOREMAN Kevin McCoy

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-22-10	6628	PERKINS 18-4				Ca
CUSTOMER Post Rock Energy			Safety Meeting			
MAILING ADDRESS 4402 Johnson Rd			Kmi			
CITY Chanute			JS			
STATE Ks			Call			
ZIP CODE			TRUCK #	DRIVER	TRUCK #	DRIVER
			445	John S.		
			479	Calin H.		

JOB TYPE Longstring O HOLE SIZE 7 7/8 HOLE DEPTH 1557' CASING SIZE & WEIGHT 5 1/2 14" New  
 CASING DEPTH 1547' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.5" SLURRY VOL 66 BBL WATER gal/sk 7" CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 38.5 BBL DISPLACEMENT PSI 700 MIX PSI 1400 Bump Plug RATE \_\_\_\_\_

REMARKS: Safety Meeting: Rig up to 5 1/2 casing w/ wash head. Break circulation. Wash down 25' 5 1/2 to total depth of 1547'. Pump 8 SKS Gel flush, 35 BBL water. Squeeze. no shut down. Rig up Cement Head. Mixed 195 SKS Thick Set Cement w/ 5" Kol-Seal 1sk 1/4" Flocele 1sk 1/4" FL 115 @ 13.5" / gal. yield 190. Shut down. Wash out Pump & Lines. Release Plug. Displace Plug to Seat w/ 38.5 BBL fresh water. Final pumping pressure 700 PSI. Bump Plug to 1400 PSI. Wait 2 minutes. Release Pressure. Float Held. Good Cement Returns to Surface = 8 BBL Slurry to pt. Job Complete. Rig down.

Note: Had very poor fluid returns to surface @ 29 BBL Slurry mixed to 60 BBL slurry mixed. = 31 total BBL. Then we had good returns throughout remaining cementing procedures.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	925.00	925.00
5406	50	MILEAGE	3.65	182.50
1126 A	195 sks	Thick Set Cement	17.00	3315.00
1110 A	775 "	Kol-Seal 5" / sk	.42 "	407.50
1107	50 "	Flocele 1/4" / sk	2.10 "	105.00
1135	73 "	FL 115 1/10 "	7.50 "	547.50
1118 B	400 "	Gel flush	.20 "	80.00
5407 A	10.72 TONS	50 miles Bulk Deliv.	1.20	643.20
4406	1	5 1/2 Top Rubber Plug	61.00	61.00
			Sub Total	6268.70
			SALES TAX 8.3%	375.00
			ESTIMATED TOTAL	6643.70

Ravin 3737

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.

TD'd. McPherson Dittler of 12/21/10 @ 10 AM.  
 Perkins, Jones 18-4 (335-13E)

Pipe #	Length	Running Total	Baffle Location	Casing Tally Sheet	
1	39.34	39.34		Location: Perkins 18-4 SSI# Date: 12/21/10 Well TD: 1554 D10069 Chautauque Co., KS.	
2	38.45	77.79			
3	38.88	116.67	Concret		
4	38.11	154.78	Basket		
5	39.24	194.02		Chautauque Co., KS. Jennifer Kor	
6	38.79	232.81	620 ft		
7	38.15	270.96		Baffle Location 	
8	38.15	309.11	to		
9	38.76	347.87		Notes	
10	38.98	386.85	660 ft		
11	38.19	425.04		No Baffles in this Well	
12	39.21	464.25			
13	39.09	503.34		Use all 39 joints and the 25 ft. Sub.	
14	39.26	542.60			
15	38.80	581.40		(TKS)	
16	39.46	620.86			
17	39.28	660.14		Ke Remy Sr. Geologist 620 305 9900 Cell	
18	39.25	699.39			
19	38.15	737.54		SUB (25) 1547.39 Tally Bottom	
20	39.26	776.80			
21	40.47	817.27		Mississippi - Not deep enough. Logger Bottom 1539.90 ft. Tally Bottom 1547.39 ft. Duller TD 1554 ft.	
22	38.30	855.57			
23	39.00	894.57		(TKS)	
24	38.77	933.34			
25	40.35	973.69		Ke Remy Sr. Geologist 620 305 9900 Cell	
26	39.14	1012.83			
27	39.28	1052.11		(TKS)	
28	38.04	1090.15			
29	38.22	1128.37		Ke Remy Sr. Geologist 620 305 9900 Cell	
30	38.52	1166.89			
31	39.09	1205.98		(TKS)	
32	39.54	1245.52			
33	39.75	1285.27		Ke Remy Sr. Geologist 620 305 9900 Cell	
34	40.43	1325.70			
35	39.31	1365.01		(TKS)	
36	39.10	1404.11			
37	38.64	1442.75		Ke Remy Sr. Geologist 620 305 9900 Cell	
38	39.34	1482.09			
39	40.30	1522.39		(TKS)	

SUB (25) 1547.39 Tally Bottom

(TKS)

Ke Remy  
 Sr. Geologist  
 620 305 9900  
 Cell

Mississippi - Not deep enough.  
 Logger Bottom 1539.90 ft.  
 Tally Bottom 1547.39 ft.  
 Duller TD 1554 ft.

**McPherson Drilling LLC Drillers Log**

**PO# TLC 121510-1**

**AFE# D10069**

<b>Rig Number:</b> 1	<b>S. 18</b>	<b>T. 33</b>	<b>R.13 E</b>
<b>API No. 15- 019-27034</b>	<b>County: CHAUTAUGUA</b>		
Elev. 1005	<b>Location: N2 SE SE NE</b>		

<b>Gas Tests:</b>		
630	0.00	MCF
740	0.00	MCF
850	0.00	MCF
950	0.00	MCF
1050	0.00	MCF
1150	0.00	MCF

<b>Operator:</b> POSTROCK			
<b>Address:</b> 210 Park Ave Ste 2750 Oklahoma City, OK 73102-5641			
<b>Well No:</b> 18-4	<b>Lease Name:</b> JAMES PERKINS		
<b>Footage Location:</b>	2250 ft. from the NORTH Line		
	330 ft. from the EAST Line		
<b>Drilling Contractor:</b> McPherson Drilling LLC			
<b>Spud date:</b> 12/17/2010	<b>Geologist:</b> Ken Recoy		
<b>Date Completed:</b> 12/21/2010	<b>Total Depth:</b> 1554		

850 of water too much to test  
  
wet at 214;320;501;780

<b>Casing Record</b>			<b>Rig Time:</b>	
	Surface	Production		
<b>Size Hole:</b>	11"	7 7/8"		
<b>Size Casing:</b>	8 5/8"			
<b>Weight:</b>	20#			
<b>Setting Depth:</b>	44	MCP		
<b>Type Cement:</b>	Portland		<b>DRILLER:</b> Andy Coats	
<b>Sacks:</b>	8	mcp	<b>Start injecting @</b> 343	

**Well Log**

Formation	Top	Btm.	HRS.	Formation	Top	Btm.	Formation	Top	Btm.
soil	0	2		sand shale	1030	1044			
shale	2	4		sand	1044	1080			
sand	4	51		lime	1080	1106			
shale	51	214		coal	1106	1107			
sand	214	241		lime	1107	1114			
sand shale	241	393		sand shale	1114	1235			
lime	393	406		lime	1235	1248			
shale	406	501		lime	1248	1259			
sand	501	522		coal	1259	1262			
sand shale	522	670		shale	1262	1322			
lime	670	701		oswego	1322	1354			
coal	701	703		summit	1354	1362			
shale	703	772		lime	1362	1379			
sand shale	772	810		mulky	1379	1384			
black shale	810	812		lime	1384	1395			
shale	812	885		shale	1395	1407			
lime	885	602		black shale	1407	1409			
shale	602	620		shale	1409	1554 TD			
black shale	620	624							
sand shale	624	910							
shale	910	984							
coal	984	985							
shale	985	1006							
lime	1006	1030							