



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



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> <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	HAYES, CHARLEY H 11-1
Doc ID	1054736

All Electric Logs Run

NDL
TEMP
CDL
DIL

**McPherson Drilling LLC Drillers Log**

**PO# LRG010511-2**

**AFE# D10095**

<b>Rig Number:</b> 1	<b>S. 11</b>	<b>T. 35</b>	<b>R.17 E</b>
<b>API No. 15- 099-24625</b>	<b>County: LB</b>		
<b>Elev. 809</b>	<b>Location: SE NW NW NW</b>		

<b>Gas Tests:</b>	
	MCF
227	0
357	0
400	2.76
423	2.76
520	2.76
575	2.76
600	2.76
680	2.76
720	2.76
900	2.76
920	2.76
1054	2.76
	7.70
<b>Comments:</b>	
Start injecting @	

<b>Operator:</b> POSTROCK			
<b>Address:</b> 210 Park Ave Ste 2750 Oklahoma City, OK 73102-5641			
<b>Well No:</b> 11-1	<b>Lease Name:</b> CHARLEY H HAYES		
<b>Footage Location:</b> 380 ft. from the NORTH Line			
395 ft. from the WEST Line			
<b>Drilling Contractor:</b> McPherson Drilling LLC			
<b>Spud date:</b> 12/29/2010	<b>Geologist:</b> Ken Recoy		
<b>Date Completed:</b> 12/30/2010	<b>Total Depth:</b> 1054		

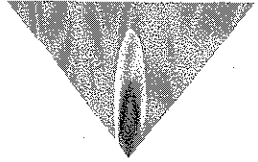
<b>Casing Record</b>			<b>Rig Time:</b>	
	Surface	Production		
<b>Size Hole:</b>	11"	7 7/8"		
<b>Size Casing:</b>	8 5/8"		odor 340	
<b>Weight:</b>	23#		hit water at 477; 610; 909	
<b>Setting Depth:</b>	21	MCP		
<b>Type Cement:</b>	Portland		<b>DRILLER:</b> Andy Coats	
<b>Sacks:</b>	4	MCP		

<b>Well Log</b>										
Formation	Top	Btm.	HRS.	Formation	Top	Btm.	Formation	Top	Btm.	
soil	0	3		sand shale	461	511	sand shale	428	731	
shale	3	29		lime	511	513	shale	731	748	
lime	29	48		coal	513	514	coal	748	750	
black shale	48	51		shale	514	536	black shale	750	752	
shale	51	53		lime	536	537	shale	752	760	
lime	53	68		sand shale	537	569	black shale	760	763	
shale	68	181		coal	569	570	shale	763	821	
black shale	181	182		shale	570	584	black shale	821	823	
pink lime	182	210		coal	584	585	shale	823	862	
black shale	210	214		shale	585	600	sand	862	865	
shale	214	239		coal	600	603	shale	865	889	
oil sand	239	242		shale	603	610	coal	889	891	
shale	242	317		sand	610	649	shale	891	899	
oswego lime	317	350		shale	649	671	black shale	899	900	
summit	350	354		coal	671	674	shale	900	909	
lime	354	384		shale	674	676	coal	909	910	
mulky	384	390		black shale	676	680	lime	910	1054	
lime	390	393		shale	680	685				TD
shale	393	407		sand	685	708				
coal	407	409		lime	708	709				
shale	409	432		coal	709	710				
sand	432	450		shale	710	718				
sand shale	450	452		coal	718	719				
sand	452	461		shale	719	728				

Called Judy @ KCC 9:30 AM

# QUEST

Resource Corporation



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

AFE  
D10095

231

TICKET NUMBER 7012

FIELD TICKET REF # \_\_\_\_\_

FOREMAN Joe Blanchard

SSI \_\_\_\_\_

API \_\_\_\_\_

## TREATMENT REPORT & FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
1-3-11	<del>Hayes</del> Hayes Charles 11-1		11	35	17	23	
FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Joe Blanchard	7:00	2:00		904850		7	<i>Joe Blanchard</i>
Adrian Rice	7:00	12:00		931400	932900	5	<i>Adrian Rice</i>
Joe DeWitt	8:30	1:00		931585	93387	4.5	<i>Joe DeWitt</i>
Matt Waff	7:AM	1:00 PM		903600		6	<i>Matt Waff</i>
Chris Middleton	7:00	2:00		903197		7	<i>Chris Middleton</i>

JOB TYPE Longstring HOLE SIZE 7 7/8 HOLE DEPTH 1060 CASING SIZE & WEIGHT 5 1/2 16#  
 CASING DEPTH 1049.09 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.5 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 0  
 DISPLACEMENT 24.97 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4lpm

REMARKS:

washed 5 FT 5 1/2 Casing hole Installed cement head RAN 18 bbl dye of 130 SKS of cement to get dye to surface flush pump. Pump wiper Plug to bottom of set float shoe.

Gus Jones RAN Casing 1 hr wait on 80vac. 80 had to get tires Replaced First thing this morning.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904850	7 hr	Foreman Pickup	
903197	7 hr	Cement Pump Truck	
903600	6 hr	Bulk Truck	
931585	4.5 hr	Transport Truck	
931387	4.5 hr	Transport Trailer	
		80 Vac	
	1049.09	Casing	
	5	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	2	Frac Baffles 4" + 4 1/2"	
	100 SK	Portland Cement	
	25 SK	Gilsonite	
	1 SK	Flo-Seal	
	8 SK	Premium Gel	
	4 SK	Cal Chloride	
	1	<del>5 1/2</del> Basket	
	7000 gal	City Water	
931400	5 hr	Casing tractor	
932900	5 hr	Casing trailer	

Dr. McPherson Drilling 12/30/10 @ 1PM.  
 - Thursday (355-17E)

2000 +  
 Broken  
 E+S  
 into

Pipe #	Length	Running Total	Baffle Location	Casing Tally Sheet	
1	40.16	40.16		Location: Charley Hayes 11-1	
2	39.64	79.80	Conrad	SSI# D10095	
3	39.74	119.54		Date: 12/30/10	
4	39.31	158.85	hooked	Well TD: 1054	
5	39.63	198.48	119 ft	SENWNWNW	
6	39.01	237.49	158 ft.	Lafayette Co., KS.	
7	39.66	277.15		SP = 21.0 ft.	
8	39.21	316.36		Baffle Location	
9	39.99	356.35			
10	38.54	394.89		Notes	
11	39.58	434.47		Set upper baffle @ 709.34 ft. Big Hole.	
12	39.36	473.83			
13	39.00	512.83			
14	39.72	552.55			
15	39.94	592.49		Set lower baffle @ 863.44 ft. Small Hole	
16	40.17	632.66			
17	38.16	670.82			
18	38.52	709.34			
19	38.03	747.37			
20	39.15	786.52			
21	38.00	824.52			
22	38.92	863.44			
23	38.78	902.22			
24	39.33	941.55			
25	39.13	980.68			
26	38.41	1019.09			
Sub	30	1049.09	Tally Bottom		

Jennifer  
 Ken

API  
 15-099  
 824625

**Post Rock**  
~~Post Rock~~

TKS?

Miss Top = 910ft.  
 Tally Bottom = 1049.09ft.  
 Driller TD = 1054 ft.  
 Log Bottom = 1060.10ft.

Ken Reagy, Sr. Geol.  
 620-305-9900  
 Cell

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

April 26, 2011

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

Re: ACO1  
API 15-099-24625-00-00  
HAYES, CHARLEY H 11-1  
NW/4 Sec.11-35S-17E  
Labette 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,  
LANCE GALVIN