



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: \_\_\_\_\_



1056304

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
-----------------------------------	-----------	---------	-------------	---------------	---------

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	--	---

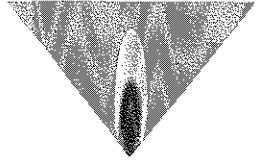
Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	HAHN 2-1
Doc ID	1056304

All Electric Logs Run

CDL
DIL
NDL
TEMP

# QUEST

Resource Corporation



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

D10088

TICKET NUMBER  7017

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

FOREMAN Joe Blanchard

SSI 15-099-24635

API \_\_\_\_\_

## TREATMENT REPORT & FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
1-10-11	Hahn	2-1	2	35	17	LB	
FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Joe Blanchard	7:00	12:30		904850		5.5	<i>Joe Blanchard</i>
Dan Walker	7:00	↓		931310	932895	↓	<i>Dan Walker</i>
OTTO G. LEWERS	7:00	↓		903197		↓	<i>OTTO G. LEWERS</i>
Matt Waff	7: AM	↓		903600		↓	<i>Matt Waff</i>
Wesley G. H. MA	7:00	↓		913585	913837	↓	<i>Wesley G. H. MA</i>

JOB TYPE Longstring HOLE SIZE 7 7/8 HOLE DEPTH 1035 CASING SIZE & WEIGHT 5 1/2 16#  
 CASING DEPTH 1025.94 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.5 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 0  
 DISPLACEMENT 24.42 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4bpm

REMARKS:

washed 15 FT 5 1/2 in hole RAN 200#s gel Installed cement head RAN 16 BBI dye & 120 SKS of cement to get dye to surface. Flush pump. Pump wiper plug to bottom of set float shoe.

started casing 9:30 started cement 11:30 left location 12:30

### Cement to Surface

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904850	5.5	Foreman Pickup	
903197	↓	Cement Pump Truck	
903600	↓	Bulk Truck	
	↓	Transport Truck	
	↓	Transport Trailer	
	↓	80 Vac	
	1025.94 Ft	Casing	
	6	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	2	Frac Baffles 4" x 4 1/2"	
	100 SK	Portland Cement	
	20 SK	Gilsonite	
	1 SK	Flo-Seal	
	7 SK	Premium Gel	
	3 SK	Cal Chloride	
	1	<del>SK</del> 5 1/2 Basket	
	2000 gal	City Water	
931300	5.5 hr	Casing truck	
932895	5.5 hr	Casing trailer	

**McPherson Drilling LLC Drillers Log**

**PO# LRG010511-6 AFE# D10088**

<b>Rig Number:</b> 1	<b>S. 2</b>	<b>T. 35</b>	<b>R.17 E</b>
<b>API No. 15- 099-24635</b>	<b>County: LB</b>		
Elev. 807	<b>Location: NW SW</b>		

<b>Operator:</b> POSTROCK			
<b>Address:</b> 210 Park Ave Ste 2750 Oklahoma City, OK 73102-5641			
<b>Well No:</b> 2-1	<b>Lease Name:</b> HAHN		
<b>Footage Location:</b> 1980 ft. from the SOUTH Line			
660 ft. from the WEST Line			
<b>Drilling Contractor:</b> McPherson Drilling LLC			
<b>Spud date:</b> 1/6/2011	<b>Geologist:</b> Ken Recoy		
<b>Date Completed:</b> 1/7/2011	<b>Total Depth:</b> 1032		

<b>Gas Tests:</b>	
	MCF
195	0
229	0
379	1.83
404	7.06
429	7.06
455	7.06
520	7.06
605	34.0
685	34.0
780	8.95
830	34.0
885	37.6
915	37.6
1032	37.6
<b>Comments:</b>	
Start injecting @	

<b>Casing Record</b>			<b>Rig Time:</b>	
	<b>Surface</b>	<b>Production</b>		
<b>Size Hole:</b>	11"	7 7/8"	odor 230 hit water at 440	
<b>Size Casing:</b>	8 5/8"			
<b>Weight:</b>	23#		<b>DRILLER:</b> Andy Coats	
<b>Setting Depth:</b>	22	MCP		
<b>Type Cement:</b>	Portland			
<b>Sacks:</b>	4	MCP		

<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	3		black shale	474	476		coal	873	875
shale	3	14		sand shale	476	511		shale	875	886
lime	14	19		shale	511	518		Miss lime	886	1032
shale	19	31		black shale	518	519				
lime	31	49		shale	519	591				
coal	49	50		coal	591	592				
lime	50	62		shale	592	624				
shale	62	180		sand	624	645				
black shale	180	181		coal	645	648				
lime	181	211		sand shale	648	668				
coal	211	213		black shale	668	670				
shale	213	220		shale	670	682				
oil sand	220	230		sand	682	687				
sand shale	230	321		sand shale	687	720				
oswego lime	321	352		black shale	720	722				
summit	352	357		shale	722	731				
lime	357	387		sand shale	731	735				
mulkey	387	393		shale	735	748				
lime	393	399		black shale	748	750				
shale	399	409		shale	750	757				
coal	409	411		black shale	757	760				
shale	411	447		shale	760	825				
black shale	447	448		coal	825	828				
sand shale	448	474		shale	828	873				