



KANSAS CORPORATION COMMISSION 1056318
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

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: _____



1056318

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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QUEST

Resource Corporation

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

AFE
D10078

231

TICKET NUMBER 7001

FIELD TICKET REF # _____

FOREMAN Joe Blanchard

SSI _____

API _____

TREATMENT REPORT & FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-13-11	TRIPlett Shirley 36-4	36	28	18	MO

FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Joe Blanchard	7:00	12:30		904850		5.5	Joe Blanchard
John Walker	7:00			908142	932895		John Walker
OTTC G. Powers	7:00			903197			OTTC G. Powers
Ves Gahman	7:00			921585	931387		Ves Gahman
MATT WATF	7:AM			903600			MATT WATF
Nathan Gehman	7:00						Nathan Gehman

JOB TYPE Longstring HOLE SIZE 7 7/8 HOLE DEPTH 1090 CASING SIZE & WEIGHT 5 1/2 16#
 CASING DEPTH 1085.76 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 25.85 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4bpm

REMARKS:

washed 10 ft 5 1/2 in hole RAN 200 LBS gel Sump to Surface. Installed cement head RAN 18 BBL dye & 130 SKS of cement to get dye to surface. Flush pump. Pump wiper plug to bottom of set float shoe.

ARRIVED on location 9 AM had to fix air lines on casing truck. started in hole 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 hr	Foreman Pickup	
903197	hr	Cement Pump Truck	
903600	hr	Bulk Truck	
	hr	Transport Truck	
	hr	Transport Trailer	
		80 Vac	
	1085.76 Ft	Casing	
	6	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	2	Frac Baffles 4" 4 1/2	
	100 SK	Portland Cement	
	25 SK	Gilsonite	
	2 SK	Flo-Seal	
	9 SK	Premium Gel	
	4 SK	Cal Chloride	
	1	KCL 5 1/2 Basket	
	7000 gal	City Water	
903142	5.5 hr	Casing tractor	
932895	5.5 hr	Casing trailer	

TD'd. Michael Dilling Sunday 01-09-2011 @ 4PM.

API # 15-133-27535

Triplet, Shirley A. 36-4

133 ft
+
IRVING
West
1/16 mi.
+
North
into

Pipe #	Length	Running Total	Baffle Location	Casing Tally Sheet	
1	36.58			Location:	Triplet 36-4
2	36.52	73.10	Corner	SS#	A10078 285-18E
3	36.41	109.51		Date:	1090 SSF# 638810
4	36.32	145.83	boxed	Well TD:	1090
5	37.09	182.92		Neosho Co., KS.	
6	36.75	219.67	109 ft		
7	36.78	256.45			
8	36.50	292.95	145 ft		
9	36.26	329.21	above Hushpuckney shale		
10	36.27	365.48			
11	36.90	402.38			
12	36.64	439.02			
13	36.72	475.74			
14	36.38	512.12			
15	36.73	548.85			
16	36.72	585.57		Notes	
17	36.33	621.90			
18	36.86	658.76			
19	36.45	695.21			
20	36.95	732.16			
21	36.77	768.93			
22	36.73	805.66			
23	36.38	842.04	Set upper baffle @ 842.04 ft. Big Hole.		
24	36.76	878.80			
25	36.93	915.73	Set lower baffle @ 915.73 ft. Small Hole.		
26	36.91	952.64			
27	36.95	989.59			
28	36.51	1026.10			
29	36.16	1062.26			
Sub	20 ft	1082.26	Tally bottom		

Jennifer
Ken

Use all 29 joints + the 20 ft. Sub.

Post Rock

Miss. Top = 958 ft.
Tally Bottom = 1082.26 ft.
Driller TD = 1090.00 ft.
Logger Bottom = 1090.80 ft.

TK50
Ke Roy
Sr. Geologist
620-385-9900
Cell

Michael Drilling, LLC
P.O. Box 402
Iola, KS 66749
620-496-7795

P.O.#D10078

Company: Post Rock Energy Corp.
Address: 210 Park Ave. Suite 2750
Oklahoma City, Oklahoma 73102
Ordered By: LRG 011811-4

Date: 01/09/11
Lease: Shirley Triplett
County: Neosho
Well#: 36-4
API#: 15-133-27535-00-00

Drilling Log

FEET	DESCRIPTION	FEET	DESCRIPTION
0-23	Overburden	540	Gas Test 60"at 1/4" Choke
23-58	Lime	615-616	Coal
58-110	Shale	615	Gas Test 60"at 1/2" Choke
110-136	Lime	616-629	Shale
136-155	Shale	629-634	Lime
155-177	Lime	634-635	Coal
177-268	Shale	635-657	Shale
268-287	Lime	640	Gas Test 60"at 1/2" Choke
287-297	Shale	657-658	Coal
297-371	Lime	658-727	Shale
371-401	Shale	665	Gas Test 8"at 1" Choke
401-450	Lime	727-729	Coal
415	Gas Test 0"at 1/4" Choke	729-768	Shale
450-487	Shale	740	Gas Test 8"at 1" Choke
465	Gas Test 0"at 1/4" Choke	768-770	Coal
487-488	Coal	770-885	Shale
488-511	Lime	790	Gas Test 8"at 1" Choke
490	Gas Test 50"at 1/4" Choke	885-886	Coal
511-512	Coal	886-938	Shale
512-521	Shale	915	Gas Test 8"at 1" Choke
515	Gas Test 50"at 1/4" Choke	938-940	Coal
521-527	Lime	940-955	Shale
527-528	Coal	950	Gas Test 19"at 1" Choke
528-615	Shale	955-1090	Mississippi Lime

RECEIVED
JAN 21 2011
 BY: _____

