



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: _____



1056320

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

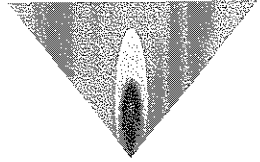
Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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QUEST

Resource Corporation



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

AFE
D10077
231

TICKET NUMBER 916 7005
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 36-3	36	28	18	NO

FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Joe Blanchard	12:30	5:00		904850		4.5	<i>Joe Blanchard</i>
John Walker		3:30		903142	932900	3	<i>John Walker</i>
OTIS Powers		5:00		903197		4.5	<i>OTIS Powers</i>
Wes Gabman		5:15		931585	931387	4.75	<i>Wes Gabman</i>
<i>Joe</i>		5:00				4.5	<i>Joe</i>
MATT Naff		5:00		903600		4.5	<i>MATT Naff</i>

NATHAN STANLEY

JOB TYPE Longstring HOLE SIZE 7 7/8 HOLE DEPTH 1090 CASING SIZE & WEIGHT 5 1/2 16#
 CASING DEPTH 1085.75 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 4 bpm

REMARKS:

washed 15 Ft 5 1/2 in hole sumpt 200 LBS gal Installed cement head RAW 18 bbl dye + 135 sks of cement to get dye to surface. Flush pump. Pump pipe Plug to bottom of set float shoe.

Started casing 1:15 Started cement 3:30 left location 4:30 pm

Cement to surface.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904850	4.5 hr	Foreman Pickup	
903197	4.5 hr	Cement Pump Truck	
903600	4.5 hr	Bulk Truck	
931585	4.75 hr	Transport Truck	
931387	4.75 hr	Transport Trailer	
		80 Vac	
	1085.75 Ft	Casing 5 1/2	
	6	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	2	Frac Baffles 4" H4 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	
	700 gal	City Water	
903142	3 hr	Casing tractor	
932895	3 hr	Casing trailer	

TD'd. Michael Dillery Monday 01-10-2011

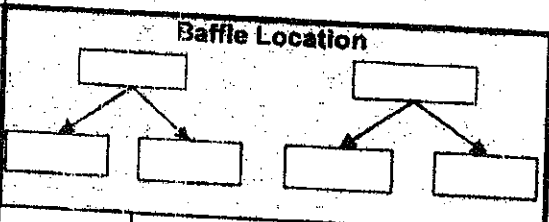
@ 5 PM

API # 15-133-27534

140 lbs
Irving
West
into

Pipe #	Length	Running Total	Baffle Location	Casing Tally Sheet	
1	36.63	36.63		Location: Shirley Triplett 36-3	
2	36.83	73.46	Mont	SSI#	
3	36.78	110.24	Basket	Date: 11/13/10 D10077	
4	36.08	146.32		Well TD: 1090 630800	
5	37.14	183.46	110 ft	285-18E Neosho Co., KS.	
6	36.64	220.10	140 ft		
7	36.36	256.46			
8	36.10	292.56			
9	36.34	328.90			
10	37.21	366.11			
11	36.28	402.39			
12	36.29	438.68			
13	36.52	475.20			
14	36.10	511.30			
15	36.77	548.07			
16	36.38	584.45			
17	36.72	621.17			
18	36.73	657.90			
19	36.72	694.62			
20	36.74	731.36			
21	36.84	768.20			
22	36.51	804.71			
23	36.73	841.44			
24	36.38	877.82		Set Upper Baffle @ 841.44 ft. Big Hole.	
25	36.35	914.17		Set Lower Baffle @ 914.17 ft. Small Hole.	
26	36.80	950.97			
27	36.56	987.53			
28	36.70	1024.23			
29	36.52	1060.75			
Sub	25	1085.75	Tally Bottom		

Jennifer
Kon



Notes

Use all 29 joints & the 25 ft. Sub.

QUEST

TKS Ke Rony
Sr. Geologist
620 305 9900
Cell

Miss Top = 956 ft.
Tally Bottom = 1085.75 ft.
Log Bottom = 1088.20 ft.
Diller TD = 1090 ft.

This sheet received @ 10 AM 01/13/2011.

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

P.O.#D10077

Company: Post Rock Energy Corp.
 Address: 210 Park Ave. Suite 2750
Oklahoma City, Oklahoma 73102
 Ordered By: LRG 011811-3

Date: 01/10/11
 Lease: Shirley Triplett
 County: Neosho
 Well#: 36-3
 API#: 15-133-27534-00-00

Drilling Log

FEET	DESCRIPTION	FEET	DESCRIPTION
0-23	Overburden	629-640	Lime
23-65	Lime	640	Gas Test 0"at 1/4" Choke
65-120	Shale	640-641	Coal
120-221	Lime	641-863	Shale
221-403	Shale	863-864	Coal
400	Gas Test 0"at 1/4" Choke	864	Gas Test 0"at 1/4" Choke
403-408	Lime	864-885	Shale
408-412	Sand	885-887	Coal
412-452	Lime	887-905	Shale
452-454	Coal	900	Gas Test 0"at 1/4" Choke
454-480	Shale	905-906	Coal
465	Gas Test 0"at 1/4" Choke	906-951	Shale
480-481	Coal	940	Gas Test 0"at 1/4" Choke
481-493	Shale	950	Gas Test 38"at 1/2" Choke
493-494	Coal	951-952	Coal
494-512	Lime	952-955	Shale
512-513	Coal	955-1090	Mississippi Lime
513-521	Shale	965	Gas Test 38"at 1/2" Choke
515	Gas Test 0"at 1/4" Choke	1090	TD
521-529	Lime		
529-530	Coal		
530-628	Shale		
540	Gas Test 0"at 1/4" Choke		
628-629	Coal		

Surface 23"
RECEIVED
 R JAN 21 2011
 BY: _____