



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
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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: _____



1056321

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

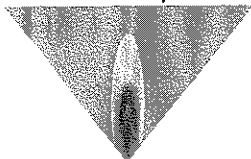
Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other (Explain) _____

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

Resource Corporation



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

AFE D10083

TICKET NUMBER

7011

FIELD TICKET REF # _____

FOREMAN Joe Blanchard

SSI 630820

API 15-133-27537

TREATMENT REPORT & FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-17-11	Burdue David 33-3	3	28	18	Neosho

FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Joe Blanchard	11:00	5:00		904850		6	<i>Joe Blanchard</i>
John Walker	11:00	4:30		931310	932900	5.5	<i>John Walker</i>
Nathan Gehan	11:00	4:00		903206		5	<i>Nathan Gehan</i>
Otto Powers	11:00	4:30		903197		5.5	<i>Otto Powers</i>

JOB TYPE Long string HOLE SIZE 7 7/8 HOLE DEPTH 1140 CASING SIZE & WEIGHT 5 1/2 16#
 CASING DEPTH 1136.51 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 27.05 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4bpm

REMARKS:

washed 35 Ft 5 1/2 swept 200LBS gel INSTALLED Cementhead RAN 19
BBB dye & 175 SKS of cement to get dye to surface. Flush pump.
Pump wiper plug to bottom & set float shoe.

Started 5 1/2 1:00pm started cement 3pm left location 4pm

Cement to Surface

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904850	6 hr	Foreman Pickup	
903197	5.5 hr	Cement Pump Truck	
903206	5 hr	Bulk Truck	
		Transport Truck	
		Transport Trailer	
		80 Vac	
	1136.51 Ft	Casing 5 1/2	
	6	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	2	Frac Baffles 4" x 4 1/2"	
	130 SK	Portland Cement	
	35 SK	Gilsonite	
	2 SK	Flo-Seal	
	14 SK	Premium Gel	
	6 SK	Cal Chloride	
	1	5 1/2 Basket	
	7000 gal	City Water	
931310	5.5 hr	Casing tractor	
932900	5.5 hr	Casing trailer	

DD Michael Drilling Friday January 14, 2011 @ 4PM.

API # 15-133-27537

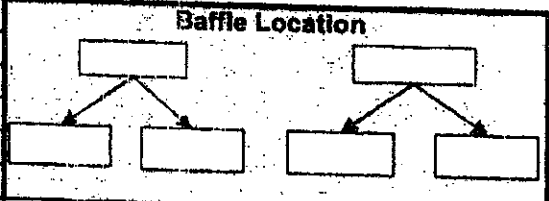
285-18E

130th
+
Ford
W+N
into

Pipe #	Length	Running Total	Baffle Location	Casing Tally Sheet
1	39.11	39.11		Location: David Burdine 33-3 SSI# Date: 11/17/10 Well TD: 1140' D10083 630820 Neosho Co., KS
2	40.07	79.18	Concret	
3	38.10	117.28		
4	40.41	157.69	basket	
5	40.12	197.81	at 79	
6	38.73	236.54	to 117ft.	
7	38.85	275.39		
8	38.42	313.81		
9	39.52	353.33		
10	38.92	392.25		

Jennifer
Ken

11	38.73	430.98	
12	38.97	469.95	
13	39.78	509.73	
14	39.98	549.71	
15	39.29	589.00	
16	39.30	628.30	
17	39.30	667.60	



			Notes
18	39.63	707.23	
(19)	39.63	746.86	Set Upper Baffle @ 707.23 ft. Big Hole.
20	38.66	785.52	
21	38.87	824.39	
22	39.11	863.50	
23	39.16	902.66	
(24)	38.31	940.97	Set Lower Baffle @ 902.66 ft. Small Hole.
25	39.96	980.93	
26	38.44	1019.37	
27	38.70	1058.07	
28	39.48	1097.55	
(29)	38.96	1136.51	Tally Bottom

Use all 29 joints & No Sub.

Be Safe! Do Good Work!

PostRock

- Misc. Top = 1005 ft.
 Tally Bottom = 1136.51 ft.
 Log Bottom = 1139.60 ft.
 Driller TD = 1140 ft.

Ke Lewy
 Sr. Geologist
 620 305 9900
 Cell.

Michael Drilling, LLC

P.O.#D10083

**P.O. Box 402
Iola, KS 66749
620-496-7795**

Company: Post Rock Energy Corp.
Address: 210 Park Ave. Suite 2750
Oklahoma City, Oklahoma 73102
Ordered By: LRG 011811-6

Date: 01/14/11
Lease: David Burdue
County: Neosho
Well#: 33-3
API#: 15-133-27537-00-00

Drilling Log

FEET	DESCRIPTION	FEET	DESCRIPTION
0-22	Overburden	580-586	Lime
22-51	Lime and Shale	586-587	Coal
51-148	Lime	587-601	Shale
148-159	Black Shale -Wet	590	Gas Test 0"at 1/4" Choke
159-185	Lime	601-602	Coal
185-193	Shale	602-632	Shale
193-203	Lime	615	Gas Test 0"at 1/4" Choke
203-217	Shale Streaks	632-638	Shale
217-265	Lime	638-643	Lime
265-275	Shale	640	Gas Test 0"at 1/4" Choke
275-310	Sandy Shale	643-663	Shale
310-365	Shale	663-665	Coal
365-385	Lime	665-681	Shale
385-452	Sandy Shale	665	Gas Test 0"at 1/4" Choke
452-459	Lime	681-682	Coal
459-461	Coal	682-689	Shale
461-508	Lime	689-690	Coal
465	Gas Test 0"at 1/4" Choke	690-726	Shale
508-549	Shale	690	Gas Test 0"at 1/4" Choke
549-550	Coal	726-727	Coal
550-575	Lime	727-782	Shale
565	Gas Test 0"at 1/4" Choke	740	Gas Test 0"at 1/4" Choke
575-576	Coal	782-783	Coal
576-580	Shale	783-818	Shale

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JAN 21 2011
BY: _____

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

P.O.#D10083

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Date: 01/14/11
Lease: David Burdue
County: Neosho
Well#: 33-3
API#: 15-133-27537-00-00

Drilling Log

FEET	DESCRIPTION	FEET	DESCRIPTION
790	Gas Test 0"at 1/4" Choke	1140	TD
818-819	Coal		
819-830	Shale		Surface 22'
830-831	Coal		
831-851	Shale		
851-852	Coal		
852-865	Shale		
865-866	Coal		
866-887	Shale		
887-888	Coal		
888-925	Shale		
915	Gas Test 2"at 1/4" Choke		
925-926	Coal		
926-931	Shale		
931-932	Coal		
932-953	Shale		
953-954	Coal		
954-983	Shale		
965	Gas Test 2"at 1/4" Choke		
983-984	Coal		
984-1003	Shale		
995	Gas Test 40"at 1/4" Choke		
1003-1140	Mississippi Lime		
1015	Gas Test 40"at 1/4" Choke		

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R JAN 21 2011
BY