



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: _____



1056348

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

TICKET NUMBER

✓ 7003

FIELD TICKET REF #

FOREMAN Otto Powers

SSI D10079

API 020074 15-135-27533

TREATMENT REPORT & FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
1-18-11	Tr. Platt Doug 25-2			285	18E	NEOSHO	
FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Otto Powers	7:00	12:00		904850		5	<i>[Signature]</i>
Matt Huff	7:00			903206			<i>[Signature]</i>
Not on (2 hrs)	7:00			903142			<i>[Signature]</i>
Chris Middleton	7:00			903197			<i>[Signature]</i>

JOB TYPE Long string HOLE SIZE _____ HOLE DEPTH 1090' CASING SIZE & WEIGHT _____
 CASING DEPTH 1086.64' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 135 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS:

Wash casing down 30' to TD then pump 25k of gel went to water then die back to water then started cement pumped 158k of cement stopped flushed pump out then pumped plug down to TD, got cement to surface.

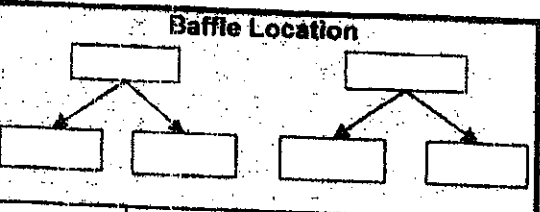
Start running casing in at 10:00

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904850	1	Foreman Pickup	
903142	1	Cement Pump Truck	
903206	1	Bulk Truck	
		Transport Truck	
		Transport Trailer	
		80 Vac	
903142	1	Casing & Driver	
	5	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	2	Frac Baffles	
	123 sks	Portland Cement	
	30 sks	Gilsonite	
	1 sk	Flo-Seal	
	10 sks	Premium Gel	
	5 sks	Cal Chloride	
	1	ker Basket	
	7000 gal	City Water	

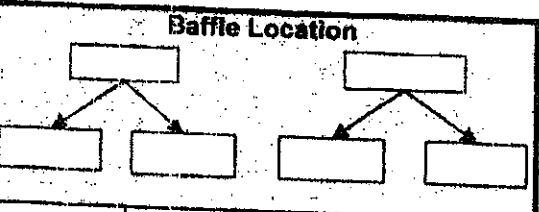
Dr. Michael Dilling Saturday 01/15/2011 @ 2 PM.

API # 15-133-27533

285-18E

Pipe #	Length	Running Total	Baffle Location	Casing Tally Sheet	
1	38.56	38.56		Location: Doug Triplett 25-2	
2	39.24	77.80	Cement	SSI# D10079 630850	
3	39.59	117.39		Date: 11/7/10	
4	38.95	155.84	Basket	Well TD: 1090'	
5	38.55	194.39		Needle Co., KS.	
6	38.82	233.21	@ 38	Jennifer Ken	
7	38.91	272.12	to 77ft.		
8	38.41	310.53			
9	39.12	349.65			
10	39.71	389.36		Notes	
11	38.18	427.54			
12	38.84	466.38		← Set Upper Baffle @ 820.53 ft. Big Hole. ← Set Lower Baffle @ 898.64 ft. Small Hole.	
13	39.31	505.69			
14	38.82	544.51		Use all 27 joints & the 28.00 ft. Sub.	
15	39.71	584.22			
16	38.72	622.94		Post Rock	
17	39.28	662.22			
18	39.19	701.41		Miss. Top = 955 ft. Tally Bottom = 1086.64 ft. Driller TD = 1090 ft. Log Bottom = 1091.00 ft.	
19	39.76	741.17			
20	39.50	780.67		TRK Ke Roy Sr. Geologist. 620 305 9900 Cell	
21	39.86	820.53			
22	39.02	859.55		(27) 28.00 1086.64 Tally Bottom	
23	39.09	898.64			
24	41.03	939.67		(27) 28.00 1086.64 Tally Bottom	
25	40.78	980.45			
26	39.30	1019.75		(27) 28.00 1086.64 Tally Bottom	
27	38.89	1058.64			
(27) SUB	28.00	1086.64	Tally Bottom		

Jennifer
Ken



TRK Ke Roy
Sr. Geologist.
620 305 9900
Cell

Miss. Top = 955 ft.
Tally Bottom = 1086.64 ft.
Driller TD = 1090 ft.
Log Bottom = 1091.00 ft.

Post Rock

Use all 27 joints & the 28.00 ft. Sub.

(27) 28.00 1086.64 Tally Bottom

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

P.O.#D10079

Company: Post Rock Energy Corp.
 Address: 210 Park Ave. Suite 2750
Oklahoma City, Oklahoma 73102
 Ordered By: LRG 011811-5

Date: 01/15/11
 Lease: Doug Triplett
 County: Neosho
 Well#: 25-2
 API#: 15-133-27538-00-00

Drilling Log

FEET	DESCRIPTION	FEET	DESCRIPTION
0-21'-6"	Overburden	506-510	Lime
21'-6"-90	Lime	510-514	Shale
90-110	Shale	514-5520	Lime
110-210	Lime	515	Gas Test 8"at 1/4" Choke
210-300	Shale -Wet	520-521	Coal
300-310	Lime	521-626	Shale
310-393	Shale	565	Gas Test. 16"at 1/4" Choke
393-394	Coal	626-628	Coal
394-401	Lime	628-651	Shale
401-402	Coal	651-652	Coal
402-430	Lime	652-661	Shale
415	Gas Test 0"at 1/4" Choke	661-662	Coal
430-431	Coal	662-712	Shale
431-443	Lime	665	Gas Test 16"at 1/4" Choke
443-444	Coal	712-713	Coal
444-463	Shale	713-738	Shale
460	Gas Test 0"at 1/4" Choke	738-739	Coal
463-464	Coal	739-753	Shale
464-478	Shale	753-754	Coal
480	Gas Test 8"at 1/4" Choke	754-766	Shale
478-479	Coal	766-767	Coal
479-493	Shale	767-804	Shale
493-505	Lime	790	Gas Test 16"at 1/4" Choke
505-506	Coal	804-805	Coal

RECEIVED
JAN 21 2011
 BY: _____

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

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County: Neosho
Well#: 25-2
API#: 15-133-27538-00-00

Drilling Log

FEET	DESCRIPTION	FEET	DESCRIPTION
805-819	Shale		Surface 21'-6"
819-820	Coal		
820-835	Shale		
835-836	Coal		
836-878	Shale		
878-879	Coal		
879-884	Shale		
884-885	Coal		
885-900	Shale		
900-901	Coal		
901-908	Shale		
908-909	Coal		
909-913	Shale		
913-914	Coal		
914-931	Shale		
915	Gas Test 16"at 1/4" Choke		
931-938	Coal		
938-947	Shale		
940	Gas Test 45"at 1/4" Choke		
947-1090	Mississippi Lime		
955	Gas Test 45"at 1/4" Choke		
1090	Gas Test 45"at 1/4" Choke		
1090	TD		

RECEIVED
K IAN 21 2011
BY: _____