



**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: \_\_\_\_\_



1056352

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

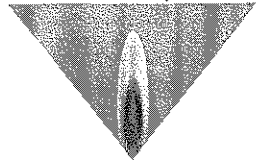
Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  
 Flowing    Pumping    Gas Lift    Other (Explain) \_\_\_\_\_

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 7019 ✓

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

FOREMAN OTTO POWERS

SSI D0081

API 15-133-27536

## TREATMENT REPORT & FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER			SECTION	TOWNSHIP	RANGE	COUNTY
1-21-11	Triplet CW 2-4				299	18E	Woods
FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
OTTO POWERS	12:00	5:00		904850		5	<i>[Signature]</i>
Matt Natt		4:00		903600			<i>[Signature]</i>
Chris Middleton		5:00		903197		5	<i>[Signature]</i>
Wes Graham		5:00		931795	921387		<i>[Signature]</i>
Nathan Gaten		3:30		903142	932895		<i>[Signature]</i>

JOB TYPE Long string HOLE SIZE \_\_\_\_\_ HOLE DEPTH 1140 CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH 1170.85 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.5 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS:

Wash casing down 4' then pumped 2 sks of gel then water then die the water to cement pumped 15 sks of cement till it got die up to surface then stopped wash out pump & then pumped down to 1170.85 set float shoe cement to surface

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904850	1	Foreman Pickup	
903197	1	Cement Pump Truck	
931795	1	Bulk Truck	
		Transport Truck	
		Transport Trailer	
		80 Vac	
	<u>1170.85</u>	Casing <u>Trailer</u>	
	<u>5</u>	Centralizers	
	<u>1</u>	Float Shoe	
	<u>1</u>	Wiper Plug	
	<u>2</u>	Frac Baffles	
	<u>116 sks</u>	Portland Cement	
	<u>20 sks</u>	Gilsonite	
	<u>1</u>	Flt Seal Basket	
	<u>10 sks</u>	Premium Gel	
	<u>5 sks</u>	Cal Chloride	
	<u>1</u>	Flt Basket	
	<u>7000 gal</u>	City Water	
	<u>1 sks</u>	Flt Seal	

TD'd. Michaels Drilling Monday 01-17-11 @ 12 Noon.

API # 15-133-27536

295-18E

Pipe #	Length	Running Total	Baffle Location	Casing Tally Sheet	
1	39.32	39.32	Correct	Location: Triplett 2-4	
2	35.67	74.99		SSI#	
3	39.11	114.10	locked	Date: 1/17/10	630860
4	35.92	150.02		Well TD: 1140	D10081
5	38.62	188.64	39 Jo.	Neosho Co., KS.	
6	39.30	227.94		74 ft.	Jennifer
7	39.99	267.93			Ken
8	38.73	306.66		Baffle Location	
9	38.28	344.94			
10	38.97	383.91		Notes	
11	39.65	423.56			
12	38.30	461.86			
13	39.47	501.33			
14	39.27	540.60			
15	38.17	578.77			
16	39.09	617.86			
17	38.96	656.82			
18	40.06	696.88	← Set Upper Baffle @	696.88 ft.	Big Hole.
19	39.50	736.38			
20	39.66	776.04			
21	39.06	815.10			
22	40.03	855.13	← Set Lower Baffle @	855.13 ft.	Small Hole.
23	39.40	894.53			
24	39.89	934.42			
25	38.62	973.04			
26	39.75	1012.79			
27	39.34	1052.13			
28	39.31	1091.44			
29	39.41	1130.85	Tally Bottom		

Use all 29 joints + No Sub.

**Be Safe!**

**Post Rock**

Miss Top = 994 ft.  
 Tally Bottom = 1130.85 ft.  
 Driller TD = 1140 ft.  
 Log Bottom = 1141.10 ft.

**TKS** ReRuz  
 Sr. Geologist  
 620 305-9900  
 Cell  
 01-18-2011

**Michael Drilling, LLC**

P.O.#D10081

**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 011811-2

**Date:** 01/17/11

**Lease:** C.W. Triplett

**County:** Neosho

**Well#:** 2-4

**API#:** 15-133-27536-00-00

**Drilling Log**

FEET	DESCRIPTION	FEET	DESCRIPTION
0-22'	Overburden	525-526	Coal
22-50	Shale	526-552	Lime
50-105	Lime	552-559	Black Shale
105-120	Shale	559-564	Lime
120-145	Sandy Shale	560	Gas Test 0"at 1/4" Choke
145-155	Lime	564-565	Coal
155-167	Shale	565-634	Shale
167-245	Lime - Water	590	Gas Test 0"at 1/4" Choke
245-315	Shale	634-635	Coal
315-348	Lime	635-663	Shale
348-381	Shale	663-664	Coal
381-382	Coal	664-687	Shale
382-415	Shale	665	Gas Test 0"at 1/4" Choke
415	Gas Test 0"at 1/4" Choke	687-688	Coal
415-416	Coal	688-705	Shale
416-430	Shale	705-706	Coal
430-431	Coal	706-760	Shale
431-478	Lime	715	Gas Test 0"at 1/4" Choke
448	Gas Test 0"at 1/4" Choke	760-761	Coal
478-479	Coal	761-789	Shale
479-489	Shale	770	Gas Test 0"at 1/4" Choke
489-490	Coal	789-790	Coal
490-525	Shale	790-810	Shale
515	Gas Test 0"at 1/4" Choke	810-811	Coal

**RECEIVED**  
JAN 21 2011

BY: \_\_\_\_\_

