



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: _____



1056354

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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

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 (Specify) _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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QUEST

Resource Corporation

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

TICKET NUMBER

7021

FIELD TICKET REF #

FOREMAN Otto Powers

SSI D10082

API 15-133-27538

D10082

TREATMENT REPORT & FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-19-10	Biant, Jerry 3-5		295	18E	Moaho

FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Otto Powers	11:30	12:00 12:00		904850		4.5	<i>Otto Powers</i>
Matt WFF	11:30					4.5	<i>Matt WFF</i>
Chris Middleton	11:30			903197		4.5	<i>Chris Middleton</i>
Nathan Cochran	1:00			903142		3.0	<i>Nathan Cochran</i>
Wes Graham	11:30			991585		4.5	<i>Wes Graham</i>

JOB TYPE Long string HOLE SIZE _____ HOLE DEPTH 1130 CASING SIZE & WEIGHT _____
 CASING DEPTH 1123.98 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

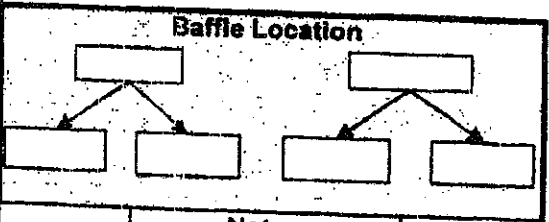
REMARKS:

Wash 1' of casing down & pumped 2 sks of gel then water with die then water then pumped 183 sks of cement till got die back wash out pump then pumped plug down to 1123.98
 cement to surface

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904850	1	Foreman Pickup	
903197	1	Cement Pump Truck	
903600	1	Bulk Truck	
991585	1	Transport Truck	
		Transport Trailer	
		80 Vac	
		Casing	
	5	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	2	Frac Baffles	
	143 sks	Portland Cement	
	40 sks	Gilsonite	
	1 sks	Flo-Seal	
	16 sks	Premium Gel	
	6 sks	Cal Chloride	
	1	KGL Bacter	
	7000 gal	City Water	

Tuesday
 TD'd. Michael Drilling 01-18-2011 @ 2 PM
 API # 15-133 - 27538 29S-18E

Pipe #	Length	Running Total	Baffle Location	Casing Tally Sheet	
1	40.24	40.24		Location:	Jerry Grant 3-5
2	39.22	79.46	Cones	SSI#	
3	38.13	117.59		Date:	1/19/10
4	38.96	156.55		Well TD:	1130
5	39.02	195.57	Basket	D10082 630840	
6	38.31	233.88		Newsho Co., KS	
7	38.56	272.44	40 ft	50m ft Ken	
8	38.72	311.16	79 ft.		
9	39.96	351.12			
10	39.64	390.76			
11	38.02	428.78			
12	39.30	468.08			
13	39.54	507.62			
14	39.71	547.33			
15	38.48	585.81			
16	39.76	625.57			
17	39.74	665.31			
18	39.40	704.71			
(19)	38.88	743.59	← Set Upper Baffle @ 704.71 ft Beg Hole.		
20	39.21	782.80			
21	38.93	821.73			
22	39.60	861.33			
23	39.38	900.71	← Set Lower Baffle @ 900.71 ft. In well Hole.		
(24)	39.00	939.71			
25	39.85	979.56			
26	39.93	1019.49			
27	39.46	1058.95			
(28)	39.03	1097.98			
28	30.00	1127.98			
(Sub)	26.00	1123.98	Tally Bottom		



Notes

← Set Upper Baffle @ 704.71 ft Beg Hole.

← Set Lower Baffle @ 900.71 ft. In well Hole.

Use all 28 joints + the 26 ft. Sub.

Be Safe!

Post Rock

Miss Top = 995 ft.
 Tally Bottom = 1123.98 ft.
 Driller TD = 1130 ft.
 Log Bottom = 1133.40 ft.

(TKS) Ke Roy
 Sr. Geologist
 Cell 6203059900
 01-19-11
 Wed.

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

P.O.#D10082

Company: Post Rock Energy Corp.
 Address: 210 Park Ave. Suite 2750
Oklahoma City, Oklahoma 73102
 Ordered By: LRG 011811-7

Date: 01/18/11
 Lease: Jerry Brent
 County: Neosho
 Well#: 3-5
 API#: 15-133-27538-00-00

Drilling Log

FEET	DESCRIPTION	FEET	DESCRIPTION
0-21	Overburden	564-567	Shale
21-57	Shale	567-575	Lime
57-110	Lime	570	Gas Test 0"at 1/4" Choke
110-145	Shale	575-576	Coal
145-220	Lime	576-714	Shale
220-290	Shale	590	Gas Test 60"at 1/4" Choke
290-320	Lime	714-715	Coal
320-321	C.W. Triplett	715-730	Shale
321-340	Shale	725	Gas Test 60"at 1/4" Choke
340-385	Lime	730-731	Coal
385-392	Shale	731-739	Shale
390	Gas Test 0"at 1/4" Choke	739-740	Coal
392-393	Coal	740-835	Shale
393-400	Shale	740	Gas Test 0"at 1/4" Choke
400-438	Lime	835-836	Coal
415	Gas Test 0"at 1/4" Choke	836-935	Shale
438-439	Coal	860	Gas Test 60"at 1/4" Choke
439-492	Lime	935-936	Coal
465	Gas Test 0"at 1/4" Choke	936-941	Shale
492-535	Shale	941-942	Coal
535-536	Coal	942-983	Shale
536-563	Lime	965	Gas Test 60"at 1/4" Choke
540	Gas Test 0"at 1/4" Choke	983-984	Coal
563-564	Coal	984-998	Shale

RECEIVED
 JAN 24 2011
 BY: _____

