



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: _____



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 <table style="width:100%; border: none;"> <tr> <td style="width:70%; border: none;">Name</td> <td style="width:15%; border: none;">Top</td> <td style="width:15%; border: none;">Datum</td> </tr> </table>	Name	Top	Datum
Name	Top	Datum		

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	STITT, STANLEY C 23-4
Doc ID	1058745

All Electric Logs Run

SONIC
CDL
NDL
TEMP

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

June 30, 2011

LANCE GALVIN
PostRock Midcontinent Production LLC
Oklahoma Tower
210 Park Ave, Ste 2750
OKLAHOMA CITY, OK 73102

Re: ACO1
API 15-133-27549-00-00
STITT, STANLEY C 23-4
NW/4 Sec.23-29S-17E
Neosho County, Kansas

Dear Production Department:

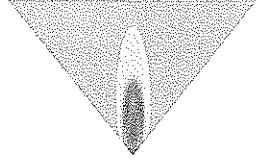
We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
LANCE GALVIN

QUEST

Resource Corporation



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

① D11025
AFE-D10093

TREATMENT REPORT & FIELD TICKET CEMENT

TICKET NUMBER

7046

FIELD TICKET REF #

FOREMAN Otto Powers

SSI 631050

API 15-133-27549

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-10-11	Stanley Stitt 23-4		295	17E	Woods

FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Max Naff	6:00	12:00		904735		6	<i>Max Naff</i>
Otto C. Powers	6:00			904850			<i>Otto C. Powers</i>
Justin T. Jansen	6:00			903206			<i>Justin T. Jansen</i>
Nathan G. Collins	6:00			903255			<i>Nathan G. Collins</i>
Wes G. Galtman	6:00			931585	931387		<i>Wes G. Galtman</i>
Chris Mitchell	6:00			9031			<i>Chris Mitchell</i>

JOB TYPE Long string HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5.5 14
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

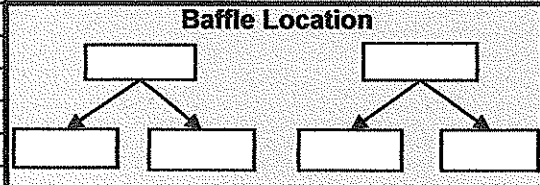
REMARKS:
washed down about 15' then pumped gel to water then pumped 15 bbls of die marker went to cement fell seen die shut. Die & flushed pump out then pumped Rubber Plug down to float shoe cement to surface
170 SKS

Went on casing to be loaded

ACCOUNT CODE	QUANTITY OF UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904850	1	Foreman Pickup	
903255	1	Cement Pump Truck	
903206	1	Bulk Truck	
931585	1	Transport Truck	
931387	1	Transport Trailer	
		80 Vac	
	1221.04	Casing	
	6	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	2	Frac Baffles	
		Portland Cement	
		Gilsonite	
		Flo-Seal	
		Premium Gel	
		Cal Chloride	
		KCL	
	170 bbls	City Water	

VD. McPherson Outcrop Wednesday March 09, 2011 @ 3 PM.
API # 15-133-27549

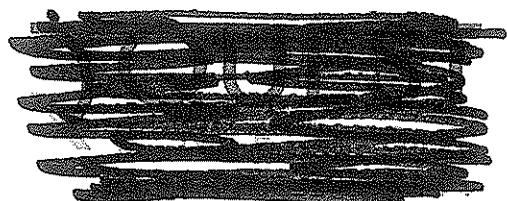
Pipe #	Length	Running Total	Baffle Location	Casing Tally Sheet
1	35.68	35.68	Corner	Location: Stanley Stitt 23-4 SSI # D11025 Date: 3/10/2011 Well TD: 1225' SSI # 631050 295-17E Nessco Co., KS. 100' ± Anderson S+E into
2	35.68	71.36		
3	35.69	107.05	Backfill	
4	35.17	142.22		
5	39.09	181.31	at 181 ft.	
6	39.96	221.27		
7	38.12	259.39		
8	39.85	299.24		
9	39.14	338.38		
10	40.36	378.74		
11	38.9	417.64		
12	39.07	456.71		
13	39.82	496.53		
14	39.71	536.24		
15	40.08	576.32		
16	39.37	615.69		
17	40.24	655.93		
18	39.58	695.51	← Set Upper Baffle @ 695.51 ft. Big Hole.	
19	39.02	734.53		
20	39.82	774.35		
21	38.96	813.31		
22	39.2	852.51		
23	39.71	892.22		
24	39.82	932.04		
25	39.85	971.89	← Set Lower Baffle @ 971.89 ft. Small Hole.	
26	39.86	1011.75		
27	39.41	1051.16		
28	40.42	1091.58		
29	40.3	1131.88		
30	39.66	1171.54		
31	39.5	1211.04		
32	10	1221.04	Tally Bottom	
33		1231.04		
34		1241.04		
35		1251.04		
36		1261.04		
37		1271.04		
38		1281.04		
39		1291.04		
40		1301.04		
41		1311.04		
42		1321.04		
43		1331.04		
44		1341.04		
45		1351.04		
46		1361.04		
47		1371.04		
48		1381.04		
49		1391.04		
50		1401.04		
51		1411.04		
52		1421.04		
53		1431.04		
54		1441.04		
55		1451.04		
56		1461.04		
57		1471.04		
58		1481.04		
59		1491.04		
60		1501.04		



Notes

Use all 31 joints & the 10 ft. Sub.

Post Rock



(JEF) Kerens
Sr. Geologist
Cell 620 305 9900
03-10-2011

Meas Top 1083 ft.
Tally Sheet Bottom 1221.04 ft.
Driller TD 1225 ft.
Log Bottom 1226.60 ft.

McPherson Drilling LLC Drillers Log

PO# LRG031211-4 AFE# D11025

Rig Number: 1	S. 23	T. 29	R.17 E
API No. 15- 133-27549	County: Neosho		
Elev. 931	Location:		

Gas Tests:	
350	0
390	0
530	0
580	SB
610	SB
640	SB
655	SB
705	SB
780	SB
855	SB
930	SB
980	SB
1005	SB
1080	1.95
1094	1.95
1225	1.95
Comments:	
Start injecting @	

Operator: POSTROCK			
Address: 210 Park Ave Ste 2750			
Oklahoma City, OK 73102-5641			
Well No: 23-4	Lease Name: Stitt Stanley C		
Footage Location: 1,870 ft. from the NORTH Line			
785 ft. from the WEST Line			
Drilling Contractor: McPherson Drilling LLC			
Spud date: 3/8/2011	Geologist: Ken Recoy		
Date Completed: 3/9/2011	Total Depth: 1225		

Casing Record			Rig Time:	
	Surface	Production		
Size Hole:	11"	7 7/8"	h2o @	210' lot 910'
Size Casing:	8 5/8"			
Weight:	20#		DRILLER: Andy Coats	
Setting Depth:	21	MCP		
Type Cement:	Portland			
Sacks:	4	MCP		

Well Log										
Formation	Top	Btm.	HRS.	Formation	Top	Btm.		Formation	Top	Btm.
soil	0	2		shale	435	510		shale	837	900
sand	2	4		lime	510	515		sand	900	925
shale	4	25		coal	515	516		coal	925	926
lime	25	32		lime	516	561		shale	926	965
sand	32	52		blackshale	561	562		blackshale	965	967
coal	52	54		lime	562	572		shale	967	1002
shale	54	91		coal	572	574		coal	1002	1004
lime	91	93		sandshale	574	607		shale	1004	1065
shale	93	100		oswlime	607	631		coal	1065	1067
lime	100	102		summit	631	636		shale	1067	1083
sandshale	102	132		lime	636	645		miss.lime	1083	1225
lime	132	210		mulky	645	650				
wet sand	210	213		lime	650	652				
sandshale	213	228		shale	652	695				
lime	228	261		lime	695	699				
shale	261	280		shale	699	715				
lime	280	328		coal	715	717				
shale	328	342		shale	717	732				
blackshale	342	345		blackshale	732	734				
shale	345	383		shale	734	775				
blackshale	383	385		coal	775	778				
lime	385	402		shale	778	806				
shale	402	427		sandshale	806	835				
lime	427	435		blackshale	835	837				