



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



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 Bbbs.	Gas Mcf	Water Bbbs.	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	BEACHNER BROS 34-29-20-1
Doc ID	1063842

All Electric Logs Run

DIL
NDL
TEMP
CDL
GRN

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

September 22, 2011

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

Re: ACO1  
API 15-133-27558-00-00  
BEACHNER BROS 34-29-20-1  
SW/4 Sec.34-29S-20E  
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,  
CLARK EDWARDS

# QUEST

Resource Corporation

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

TICKET NUMBER

7112

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

FOREMAN Joe Blanchard

SSI \_\_\_\_\_

API \_\_\_\_\_

## TREATMENT REPORT & FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-6-11	Beachuer 34-29-20-1	34	29	20	NO

FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Joe Blanchard	9:30	11:00		904850		1.5	<i>Joe Blanchard</i>
Dustin Parker	↓	↓		903600		↓	<i>Dustin Parker</i>
Wes Gahman	↓	↓		931505	931395	↓	<i>Wes Gahman</i>
Justin T. Jensen	↓	↓		903255		↓	<i>Justin T. Jensen</i>

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

REMARKS:

Hooked up to Surface Pipe Pumped 2 bbl H<sub>2</sub>O To get circulation.  
Pumped 15 SKS of cement to get good cement to surface. Pumped 1 bbl  
H<sub>2</sub>O displacement. Shut down washed up. Left location.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904850	1.5 hr	Foreman Pickup	
903255	hr	Cement Pump Truck	
903600	hr	Bulk Truck	
931505	hr	Transport Truck	
931395	hr	Transport Trailer	
		80 Vac	
		Casing	
		Centralizers	
		Float Shoe	
		Wiper Plug	
		Frac Baffles	
	15 SK	Portland Cement	
		Gilsonite	
		Flo-Seal	
		Premium Gel	
		Cal Chloride	
		KCL	
	25 BBL	City Water	

# QUEST

Resource Corporation

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

AFE D11056

TICKET NUMBER

✓ 7113

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

FOREMAN Joe Blanchard

SSI 629800

API 15-133-27558

## TREATMENT REPORT & FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-11-11	Beachner Bros. 34-29-20-1	34	29	20	NO

FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Joe Blanchard	6:00	10:00		904850			<i>Joe Blanchard</i>
Justin T. Jensen	↓	↓		903255			<i>Justin T. Jensen</i>
Wes Gahman	↓	↓		931505	931395		<i>Wes Gahman</i>
DUSTIN PORTER	↓	↓		903600			<i>Dustin Porter</i>

JOB TYPE Long string HOLE SIZE 7 7/8 HOLE DEPTH 855 CASING SIZE & WEIGHT 5 1/2 14#  
 CASING DEPTH 824.15 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.5 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 0  
 DISPLACEMENT 19.62 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4 bpm

REMARKS:

Installed cement head RAW 1SK gel swept to surface. RAW 11 BBI dye & 130 SKS of cement to get dye to surface. Flush pump. Pump wiper plug to bottom & set float shoe.

Rookies loaded pipe & tallied it wrong so I had to Retally pipe & remove joint 22 on trailer. This was reviewed by Ken Recoy & he gave OK to Run in this way.

started casing 7:30 started cement 9:00

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904850	4 hr	Foreman Pickup	
903255	hr	Cement Pump Truck	
903600	hr	Bulk Truck	
931505	hr	Transport Truck	
931395	hr	Transport Trailer	
904730	hr	80 Vac	
	824.15 <del>hr</del>	Casing 5 1/2	New tally
	5	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	2	Frac Baffles 4" # 4 1/2"	
	100 SK	Portland Cement	
	25 SK	Gilsonite	
	2 SK	Flo-Seal	
	7 SK	Premium Gel	
	4 SK	Cal Chloride	
	1	<del>5 1/2</del> Basket	
	7000 gal	City Water	
	4 hr	Casing tractor	
	4 hr	Casing tractor	

# Revised Tally Sheet

Pipe#	Length	Running Total	Baffle Location	POSTROCK ENERGY CORP - CASING TALLY SHEET
1	38.99	38.99		Date: 7/11/11
2	38.44	77.43	Cement Basket	Well Name & #: Beachner Bros 34-29-20-1
3	39.74	117.17		Township & Range: 29S-20E
4	39.84	157.01	157 ft.	County/State: Neosho / Kansas
5	37.79	194.80		SSI #: 629800
6	39.62	234.42		AFE#: D11056
7	39.74	274.16		Road Location: 80th & Rooks, S & E into
8	39.57	313.73		API# 15-133-27558
9	39.74	353.47		
10	38.61	392.08	Set Upper Baffle @ 353.47 ft. Big Hole.	
11	39.73	431.81		
12	39.38	471.19		
13	39.53	510.72		
14	39.80	550.52		
15	39.98	590.50		
16	38.19	628.69	Set Lower Baffle @ 628.69 ft. Small Hole.	
17	38.70	667.39		
18	40.30	707.69		
19	38.91	746.60		
20	38.85	785.45		
21	38.70	824.15	Tally Bottom	
22	39.10	863.25	Tally Bottom - Leave out	
Use 21 joints & leave out joint 22.				
No Sub.				
Notes - This Sheet had to be revised because whoever measured the casing last Friday did <u>Not</u> measure the Collars. Ken				

Miss Top 716 ft.

Tally Bottom 824.15 ft.

Log Bottom 855.70 ft.

Driller TD 856 ft.

Teamwork works! Put Safety 1st!

*TKD Ken D*

