



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: _____



106552

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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QUEST

Resource Corporation

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

AFE
D11028

TICKET NUMBER

7051

FIELD TICKET REF #

FOREMAN Joe Blanchard

SSI 630770

API 15-133-27553

TREATMENT REPORT & FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
3-16-11	Smith Ronald 23-1		23	29	19	NO	
FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Joe Blanchard	6:00	12:00		904850		6	Joe Blanchard
Justin T Jansen	6:00			903600			Justin T Jansen
Nathan Gorman	6:00			903255			Nat Gorm
Wes Gahaan	6:00			931385	931387		Wes Gahaan
Chris Mitchell	6:00			903139	931700		Chris Mitchell

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 970 CASING SIZE & WEIGHT 5 1/2 14#
 CASING DEPTH 967.42 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 23.03 DISPLACEMENT PSI _____ MIX PSI _____ RATE 46bpm

REMARKS:

Washed 5ft 5 1/2 casing script 2 SKS gel INSTALLED cementhead RAW 16 BBL dye + 150 SKS of cement To get dye to surface Flush pump. Pump wiper to bottom of set float shoe.

Franks Rig showed up 8:30AM started casing 9:05AM started cement 10:45 AM

Cement to Surface:

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904850	6 hr	Foreman Pickup	
903255	1 hr	Cement Pump Truck	
903600	1 hr	Bulk Truck	
931385	1 hr	Transport Truck	
931587	1 hr	Transport Trailer	
904735	1 hr	80 Vac	
	967.42 FT	Casing 5 1/2	
	6	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	2	Frac Baffles 4" H 4 1/2"	
	120 SK	Portland Cement	
	30 SK	Gilsonite	
	2 SK	Flo-Seal	
	11 SK	Premium Gel	
	5 SK	Cal Chloride	
	1	KOL 5 1/2 Basket	
	7000 gal	City Water	
903139	6 hr	Casing tractor	
932900	6 hr	Casing trailer	

TD'd. m^c Phoson Outlets Monday 03/14/2011 @ 1PM.

Pipe #	Length	Running Total	Baffle Location	PostRock Energy Corporation
1	38.27	38.27		Location: Smith, Ronald J. 23-1
2	38.46	76.73	Conrad	SSI# 630770
3	38.29	115.02		Date: 3/14/2011
4	39.73	154.75	Basket	Well TD: 970 ft.
5	38.81	193.56		AFE # D11028
6	39.34	232.90	@ 76 ft.	API #15-133-27553 T29S-R19E
7	38.69	271.59		Neosho County, Kansas
8	39.59	311.18		
9	39.57	350.75		90th & Meade, North & East into
10	39.04	389.79		
11	38.08	427.87		
12	40.06	467.93	← Set Upper Baffle @ 467.93 ft. Big Hole.	
(13)	38.51	506.44		
14	39.76	546.20		
15	40.33	586.53		
16	38.81	625.34		
17	39.78	665.12		
18	38.66	703.78		
19	39.08	742.86	← Set Lower Baffle @ 742.86 ft. Small Hole.	
(20)	38.78	781.64		
21	38.99	820.63		
22	39.28	859.91		
23	39.35	899.26		
(24)	38.16	937.42		
(Sub)	30	967.42	Tally bottom	

Use all 24 joints & the 30 ft. Sub.

Be Safe!

Miss Top 837 ft.
 Log Bottom 962.10 ft.
 Tally Bottom 967.42 ft.
 Driller TD 970 ft.

Thank you!
 Ken Reooy, Sr. Geologist
 Cell 620-305-9900
 3/14/2011

Keep up the good work everyone!!



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

Mark Stevers, Chairman
Ward Loyd, Commissioner

Corporation Commission

Sam Brownback, Governor

October 07, 2011

POSTROCK MIDCONTINENT PRODUCTION LLC
OKLAHOMA TOWER
210 PARK AVE, STE 2750
OKLAHOMA CITY, OK 73102

RE: API Well No. 15-133-27553-00-00
SMITH, RONALD J 23-1
SENWNWSW, 23-29S-19E
NEOSHO County, Kansas

Dear Operator:

Upon review of the above referenced well, the following documentation appears to be incomplete pursuant to K.A.R. 82-3-107. The requested information below should be submitted to the KCC to my attention by October 21, 2011 for processing. Failure to submit the requested documentation may be punishable by an administrative penalty pursuant to the General Rules and Regulations for the State of Kansas.

- | | |
|--|---|
| <input checked="" type="checkbox"/> All drilling and completion information. No ACO-1 has been received as of this date. | <input type="checkbox"/> TD and Completion date. (Month, Day, Year) |
| <input type="checkbox"/> Must be notarized and signed. | <input type="checkbox"/> Must have Footages from nearest outside corner of section. |
| <input type="checkbox"/> Must have the ORIGINAL HARD COPY of ACO-1. | <input type="checkbox"/> Side two on back of ACO-1 must be completed. |
| <input type="checkbox"/> We do not accept fax copies. | <input type="checkbox"/> Must have final copies of DST's/Charts. |
| <input type="checkbox"/> Must be put on new form and typed. | <input type="checkbox"/> All original complete open and cased hole wireline logs run. |
| <input type="checkbox"/> API # or date when original well was first drilled. | <input type="checkbox"/> A copy of geological reports compiled by wellsite geologist. |
| <input type="checkbox"/> Contractor License #. | <input type="checkbox"/> A copy of all cement job logs showing type, amounts and additives used to cement casing strings, squeeze and/or to plug and abandon. (Note: Cement tickets must be from company providing the cement, not necessarily the contractor.) |
| <input type="checkbox"/> Designate type of Well Completion. | <input type="checkbox"/> Any commingling information; File on the ACO-4 form. |
| <input type="checkbox"/> If Workover/Re-entry, need old well information, including original completion date. | <input type="checkbox"/> Anything HIGHLIGHTED on ACO-1. |
| <input type="checkbox"/> Spud date. (Month, Day, Year) | |
| <input type="checkbox"/> Other: | |

K.C.C. regulation 82-3-107 provides confidentiality, upon written request, for a period of one year from the date of such letter request. Confidentiality rights are waived if the ACO-1 remains incomplete, or is not timely filed (within 120 days from the well's spud date) including: electric logs, geologist's wellsite reports, driller's logs, and Kansas Geological Survey requested samples.

Do not hesitate to call the Kansas Corporation Commission, Conservation Division, at (316) 337-6200 if there are any questions. PLEASE RETURN THIS FORM AND ANY ENCLOSURES WITH YOUR REPLY. Note: If the intent is incorrect, you need to file a corrected intent.

Sincerely,

DEANNA GARRISON
Production Department