



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: _____



1065557

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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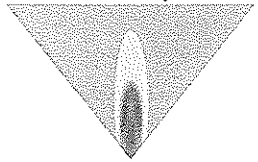
Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	UMBARGER, DWAYNE 32-2
Doc ID	1065557

All Electric Logs Run

DIL
CDL
NDL
SONIC
TEMP

QUEST

Resource Corporation



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

AFE
D11027

TICKET NUMBER

7056

FIELD TICKET REF #

FOREMAN OTTO G. Powers

SSI

API

TREATMENT REPORT & FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
3-22-11	Umberger Dwayne 32-2			29S	18E	WASCO	
FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Otto G. Powers	1:30	3:30		903255		2	<i>Otto G. Powers</i>
Michael Jones	1:30	3:30		903600		2	<i>Michael Jones</i>

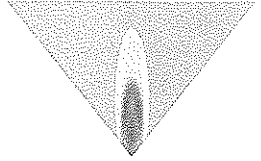
JOB TYPE surface HOLE SIZE 20" @ 9 7/8 HOLE DEPTH 200' 21 CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14 lb SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS:
pumped water to surface then pumped cement to surface
then pumped 1bb Displacement
used 37 SKS

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
		Foreman Pickup	
903255	1	Cement Pump Truck	
903600	1	Bulk Truck	
		Transport Truck	
		Transport Trailer	
	1	80 Vac	
		Casing	
		Centralizers	
		Float Shoe	
		Wiper Plug	
		Frac Baffles	
	37 200 SKS	Portland Cement	
		Giisonite	
		Flo-Seal	
		Premium Gel	
	1 SKS	Cal Chloride	
		KCL	
	15 bbl/s	City Water	

QUEST

Resource Corporation



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

AFE
D11027

TICKET NUMBER 7052

FIELD TICKET REF # _____

FOREMAN Joe Blanchard

SSI _____

API _____

TREATMENT REPORT & FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-24-11	Umbarger DWAYNE 32-2	32			NO

FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Joe Blanchard	7:00	5:00 5:00		904850		10	<i>Joe Blanchard</i>
Ohio G. Powers	7:00	4:45		903255		9.75	<i>Ohio G. Powers</i>
Matt Culbertson	7:00	5:00		903139	932895	10	<i>Matt Culbertson</i>
Ken Colston	7:00	4:30		904745		9.5	<i>Ken Colston</i>
Justin T. Jensen	7:00	4:45		903206		9.75	<i>Justin T. Jensen</i>
Wes Cochran	7:00	5:00		931585	931387	10	<i>Wes Cochran</i>

JOB TYPE Longstems HOLE SIZE 7 7/8 HOLE DEPTH 1256 CASING SIZE & WEIGHT 5 1/2 14 1/2
 CASING DEPTH 1247.69 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 29.70 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4bpm

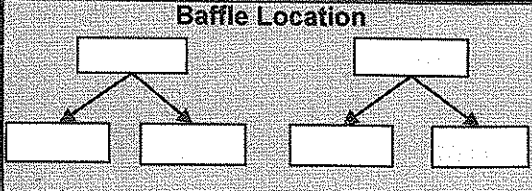
REMARKS:

washed 10 ft 5 1/2 Sump 2 sus gel. Installed cement head RAW 20 BBI dye at 190 SKS of cement to get dye to surface. Flush pump. Pump wiper plug to bottom + set float shoe

Casing truck Broke down on way to location. MacPherson had drill equipment on Red. Could not start casing till 10:15 AM. Loaded casing at 12pm had to go to Chanute for Sex harassment meeting. Cement At 3:30 pm.

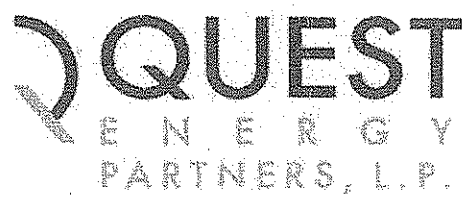
ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904850	10 hr	Foreman Pickup	
903255	9.75 hr	Cement Pump Truck	
903206	9.75 hr	Bulk Truck	
931585	10 hr	Transport Truck	
931387	10 hr	Transport Trailer	
904745	9.5 hr	80 Vac	
	1247.69	Casing 5 1/2	
	7	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	2	Frac Baffles 4" H 4 1/2	
	140 SK	Portland Cement	
	38 SK	Gilsonite	
	2 SK	Flo-Seal	
	14 SK	Premium Gel	
	6 SK	Cal Chloride	
	1	40L 5 1/2 Basket	
	700 gal	City Water	
903139	10 hr	Casing tractor	
932895	10 hr	Casing trailer	

TD's McPherson Drilling Friday, March 23, 2011 @ 2 P.M.

Pipe #	Length	Running Total	Baffle Location	Casing Tally Sheet	
1	38.86	38.86		Location: Umberger 32-2 SSI# 631120 Date: 3/16/11 Well TD: 1256' D11027	
2	39.02	77.88	Cement		
3	38.56	116.44	Basket		
4	38.52	154.96	(10) 194 Fts		
5	39.44	194.40			
6	39.07	233.47			
7	39.07	272.54			
8	38.65	311.19			
9	38.93	350.12			
10	38.63	388.75			
11	38.49	427.24		Baffle Location 	
12	38.37	465.61			
13	39.10	504.71			
14	38.65	543.36			
15	39.16	582.52			
16	38.53	621.05			
17	38.46	659.51			
18	39.90	699.41			
19	38.82	738.23	← Set Upper Baffle @ 738.23 (Big) Hole		
(20)	39.34	777.57			
21	39.87	817.44			
22	38.93	856.37			
23	38.32	894.69			
24	38.41	933.10			
25	39.95	973.05	← Set lower Baffle @ 1012.80 (Small) Hole		
(26)	39.75	1012.80			
27	39.38	1052.18			
28	40.35	1092.53			
29	39.54	1132.07			
30	38.11	1170.18			
31	39.08	1209.26			
(32)	38.43	1247.69	Tally Bottom		
Use All 32 joints NO sub					
Be Safe!					

38.81

Miss top 1135 Fts
 Tally Bottom 1247.69 Ft.
 Log Bottom 1254.50 Ft.
 Driller TD 1256 Ft.



Thank You!
 Michael E. McMahon
 Geo-Tech

McPherson Drilling LLC Drillers Log

PO# LRG031211-9 AFE# D11027

Rig Number: 1	S. 32 T. 29 R.18 E
API No. 15- 133-27545	County: Neosho
Elev. 1060	Location:

Gas Tests:	
430	0
600	0
630	SB
690	SB
710	SB
780	SB
805	SB
831	SB
855	SB
910	SB
955	SB
980	SB
1055	SB
1118	SB
1130	SB
1256	SB
Comments:	
Start injecting @	

Operator: POSTROCK
Address: 210 Park Ave Ste 2750 Oklahoma City, OK 73102-5641
Well No: 32-2 Lease Name: UMBARGER DWAYNE
Footage Location: 2,145 ft. from the SOUTH Line 1,980 ft. from the EAST Line
Drilling Contractor: McPherson Drilling LLC
Spud date: 3/22/2011 Geologist: Ken Recoy
Date Completed: 3/23/2011 Total Depth: 1256

Casing Record			Rig Time:	
	Surface	Production	2:00-5:00	waitin on road
Size Hole:	11"	7 7/8"	3 hours	
Size Casing:	8 5/8"			
Weight:	20#			
Setting Depth:	20	MCP		
Type Cement:	pump truck		DRILLER:	Andy Coats
Sacks:		MCP		

Well Log										
Formation	Top	Btm.	HRS.	Formation	Top	Btm.		Formation	Top	Btm.
soil	0	1		summit	682	689		miss lime	1118	1256
sand shale	1	4		lime	689	696				
shale	4	56		mulky	696	700				
coal	56	58		lime	700	702				
shale	58	122		shale	702	772				
lime	122	142		coal	772	773				
sand shale	142	187		shale	773	792				
lime	187	251		lime	792	794				
black shale	251	254		coal	794	796				
shale	254	280		shale	796	828				
lime	280	292		coal	828	829				
black shale	292	299		shale	829	849				
lime	299	362		coal	849	851				
shale	362	426		shale	851	903				
coal	426	427		black shale	903	805				
sand shale	427	438		shale	805	945				
shale	438	442		coal	945	946				
lime	442	475		shale	946	973				
shale	475	585		coal	973	974				
coal	585	586		shale	974	1047				
lime	586	617		coal	1047	1049				
coal	617	618		shale	1049	1113				
shale	618	657		coal	1113	1114				
osw lime	657	682		shale	1114	1118				



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

Mark Sievers, Chairman
Ward Loyd, Commissioner

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. 15-133-27545-00-00
UMBARGER, DWAYNE 32-2
S2N2NWSE, 32-29S-18E
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/Rc-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