



KANSAS CORPORATION COMMISSION 1065577
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

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: _____



1065577

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
---	---

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
-----------------------------------	-----------	---------	-------------	---------------	---------

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: _____ _____
---	---	--

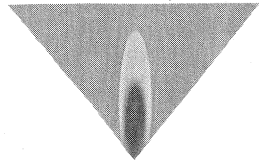
Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	WALKER, JOHN W 18-2A
Doc ID	1065577

All Electric Logs Run

DIL
CDL
NDL
TEMP

QUEST

Resource Corporation



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

Called Judy @ KCC 10:15 AM

TICKET NUMBER 7060

D11037

FIELD TICKET REF # _____

FOREMAN Joe Blanchard

SSI 631490

API 15-205-27944

TREATMENT REPORT & FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-25-11	WALKER JOHN 18-2A	18	29	17	WL

FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Joe Blanchard	7:00	12:00		904850		5	<i>Joe Blanchard</i>
Justin T. Jensen	7:00	↓				↓	<i>Justin T. Jensen</i>
DUSTIN PORTER	7:00			903600			<i>Dustin Porter</i>
Wes Gahman	7:00			931505	931395		<i>Wes Gahman</i>
Nathan Gahman	7:00			903255			<i>Nathan Gahman</i>

JOB TYPE Longstring HOLE SIZE 7 7/8 HOLE DEPTH 1206 CASING SIZE & WEIGHT 5 1/2 #4
 CASING DEPTH 1200.98 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 28.59 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS:

washed 15 Ft 5 1/2 Casing in hole swept 2 SKS gal. Installed cement head RAV 20 B bridge of 200 SKS of cement to get dye to surface. Flush pump. Pump wiper plug to bottom of set float shoe.

Casing trailer got stuck called dozer arrived around 9:30 started casing 9:50 started cement 11:30.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904850	5 hr	Foreman Pickup	
903255	hr	Cement Pump Truck	
903600	hr	Bulk Truck	
931505	hr	Transport Truck	
931395	hr	Transport Trailer	
904730	hr	80 Vac	
	1200.98 Ft	Casing	
	7	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	2	Frac Baffles 4 1/2" #4"	
	160 SK	Portland Cement	
	40 SK	Gilsonite	
	2 SK	Flo-Seal	
	11 SK	Premium Gel	
	5 SK	Cal Chloride	
	1	W 5 1/2 Basket	
	7000 gal	City Water	
903139	5 hr	Casing tractor	
932875	5 hr	Casing tractor	

DD'd. McPherson Drilling 05/23/11 Monday @ 4PM.

Pipe#	Length	Running Total	Baffle Location	POSTROCK ENERGY CORP - CASING TALLY SHEET
1	36.90	36.90		Date: 05/24/2011
2	36.78	73.68	Cement Basket	Well Name & #: Walker, John W. 18-2A
3	36.40	110.08	@ 110 ft.	Township & Range: 29S-17E
4	34.87	144.95		County/State: Wilson / Kansas
5	36.81	181.76		SSI #: 631490
6	36.87	218.63		AFE#: D11037
7	36.58	255.21		Road Location: K47 & Viola, West & South into
8	34.84	290.05		API# 15-205-27944
9	36.65	326.70		
10	36.54	363.24		
11	36.66	399.90		
12	36.78	436.68		
13	36.90	473.58		
14	36.89	510.47		
15	36.88	547.35		
16	36.23	583.58		
17	36.88	620.46		
18	36.40	656.86		
19	36.40	693.26		
20	34.94	728.20	← Set Upper Baffle @ 728.20 ft. Big Hole.	
21	36.92	765.12		
22	36.32	801.44		
23	35.06	836.50		
24	36.68	873.18		
25	36.86	910.04		
26	36.89	946.93	← Set Lower Baffle @ 946.93 ft. Small Hole.	
27	36.51	983.44		
28	36.53	1019.97		
29	36.92	1056.89		
30	34.80	1091.69		
31	36.88	1128.57		
32	36.30	1164.87		
33	36.11	1200.98	Tally Bottom	
Use all 33 joints & No Sub.				
Be Safe. Do Good Work!				

Note -
This Sheet
goes to
Jennifer
Beal
after work
is done.
TKS.
Ken

Miss. Top 1071 ft.
Tally Bottom 1200.98 ft.
Driller TD 1205 ft.
Logger Bottom 1206.10 ft.

Teamwork works! Put Safety 1st!

TKS Ken Reedy
Sr. Geologist
Cell 620-305-9900
05-24-2011

McPherson Drilling LLC Drillers Log

PO# **AFE# D11037**

Rig Number: 1	S. 18	T. 29	R.17 E
API No. 15- 205-27944	County: Wilson		
Elev. 900	Location:		

Gas Tests:	
550	0
665	0
675	5.13
760	3.92
910	3.92
927	3.92
1030	3.92
1060	4.84
1070	4.84
1205	4.84
Comments:	
Start injecting @ 320'	

Operator: POSTROCK
Address: 210 Park Ave Ste 2750 Oklahoma City, OK 73102-5641
Well No: 18-2A Lease Name: WALKER JOHN
Footage Location: 978 ft. from the NORTH Line 1,900 ft. from the WEST Line
Drilling Contractor: McPherson Drilling LLC
Spud date: 5/20/2011 Geologist: Ken Recoy
Date Completed: 5/23/2011 Total Depth: 1204

Casing Record			Rig Time:	
	Surface	Production		
Size Hole:	11"	7 7/8"	663'	oil odor
Size Casing:	8 5/8"		815'	odor
Weight:	20#		555'	h2o
Setting Depth:	21	MCP		
Type Cement:	Portland		DRILLER:	Andy Coats
Sacks:	4	MCP		

Well Log										
Formation	Top	Btm.	HRS.	Formation	Top	Btm.		Formation	Top	Btm.
soil	0	4		sand shale	500	550		shale	911	915
shale	4	37		shale	550	555		coal	915	916
lime	37	42		pink lime	555	599		shale	916	1007
shale	42	131		coal	599	601		coal	1007	1010
lime	131	135		shale	601	638		shale	1010	1055
shale	135	141		oswego	638	661		coal	1055	1057
lime	141	221		oil summit	661	670		shale	1057	1068
shale	221	260		lime	670	678		miss	1068	1205
coal	260	262		mulky	678	683				
lime	262	286		lime	683	689				
shale	286	294		shale	689	748				
coal	294	297		coal	748	749				
lime	297	357		shale	749	763				
shale	357	370		sand shale	763	815				
black shale	370	374		sand (odor)	815	834				
shale	374	408		coal	834	835				
coal	408	410		sand (odor)	835	849				
shale	410	412		coal	849	851				
lime	412	415		shale	851	893				
sand shale	415	431		black shale	893	899				
lime	431	435		shale	899	903				
shale	435	450		coal	903	904				
lime	450	452		shale	904	910				
shale	452	500		coal	910	911				

E PLURIBUS UNUM
AD ASTRA PER ASPERA
Kansas
Corporation Commission

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. 15-205-27944-00-00
WALKER, JOHN W 18-2A
NESWENW, 18-29S-17E
WILSON 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. We do not accept fax copies. | <input type="checkbox"/> Side two on back of ACO-1 must be completed. |
| <input type="checkbox"/> Must be put on new form and typed. | <input type="checkbox"/> Must have final copies of DST's/Charts. |
| <input type="checkbox"/> API # or date when original well was first drilled. | <input type="checkbox"/> All original complete open and cased hole wireline logs run. |
| <input type="checkbox"/> Contractor License #. | <input type="checkbox"/> A copy of geological reports compiled by wellsite geologist. |
| <input type="checkbox"/> Designate type of Well Completion. | <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"/> If Workover/Re-entry, need old well information, including original completion date. | <input type="checkbox"/> Any commingling information; File on the ACO-4 form. |
| <input type="checkbox"/> Spud date. (Month, Day, Year) | <input type="checkbox"/> Anything HIGHLIGHTED on ACO-1. |
| <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