



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: _____



1065836

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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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	TACKKETT, DALE E 33-1
Doc ID	1065836

All Electric Logs Run

GRN
DIL
CDL
NDL
TEMP

QUEST

Resource Corporation

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

TICKET NUMBER ✓ 7090

FIELD TICKET REF # _____

FOREMAN Joe Blanchard

SSI 631290

API 15-125-32102

AFE
D11055

TREATMENT REPORT
& FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-16-11	Tackkett Dale 33-1	33	34	17	M6

FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Joe Blanchard	10:00	3:30		904850		5.5	Joe Blanchard
Wesley G. H. M. M.	10:00	2:30		931505	931395	4.5	Wesley G. H. M. M.
DUSTIN PERZEL	10:00	2:30		903600		4.5	Dustin Perzel
Justin T. Jensen	10:00	3:30		903197		5.5	Justin T. Jensen

JOB TYPE Longstring HOLE SIZE 7 7/8 HOLE DEPTH 1026 CASING SIZE & WEIGHT 5 1/2 14#
 CASING DEPTH 1024.40 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 24.39 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4bpm

REMARKS:

washed 20 Ft 5 1/2 Casing IN hole swept 1 SK gel to surface. Installed Cement head Ran 16 BBI dye & 165 SKS of cement to get dye to surface. Flush pump. Pump wiper plug to bottom & set float shoe.

started Casing 10:30 Landed Casing 12:00. Bulk cement showed up at 1:30 started Cement 1:35

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904850	5.5 hr	Foreman Pickup	
903197	5.5 hr	Cement Pump Truck	
903600	4.5 hr	Bulk Truck	
931505	4.5 hr	Transport Truck	
931395	4.5 hr	Transport Trailer	
		80 Vac	
	1024.40 Ft	Casing 5 1/2	
	6	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	1	Frac Baffles 4 1/2 Bighole	
	130 SK	Portland Cement	
	35 SK	Gilsonite	
	1 SK	Flo-Seal	
	9 SK	Premium Gel	
	6 SK	Cal Chloride	
	1	5 1/2 Basket	
	7000 gal	City Water	
903139	4 hr	Casing tractor	
932395	4 hr	Casing trailer	

TDJ, Stanton Outing 06/15/11 Wednesday @ 2 PM.

Pipe#	Length	Running Total	Baffle Location	POSTROCK ENERGY CORP - CASING TALLY SHEET
1	40.29	40.29		Date: 06/15/2011
2	39.91	80.20	Cement Basket	Well Name & #: Tackett, Dale E. 33-1
3	39.45	119.65		Township & Range: 34S-17E
4	39.66	159.31	@ 159 ft.	County/State: Montgomery / Kansas
5	39.60	198.91		SSI #: 631290
6	39.33	238.24		AFE#: D11055
7	39.23	277.47		Road Location: CR2000 Rd & 5700 Rd, E into
8	39.44	316.91		API# 15-125-32102
9	38.24	355.15		
10	39.12	394.27		
11	39.54	433.81	No Upper Baffle here. Not enough room.	
12	38.55	472.36		
13	39.97	512.33		
14	40.07	552.40		
15	38.65	591.05		
16	39.16	630.21		
17	39.08	669.29		
18	39.72	709.01		
19	39.23	748.24		
20	38.56	786.80	← Set lower baffle @ 786.80 ft. Big Hole. All using up Big Holes.	
21	39.77	826.57		
22	39.65	866.22		
23	39.27	905.49		
24	39.44	944.93		
25	39.89	984.82		
26	39.58	1024.40	Tally Bottom	
Use all 26 joints & No Sub.				
Be Safe.				

Miss Top 888 ft.
Tally Bottom 1024.40 ft.
Log Bottom 1026.50 ft.
Driller TD 1031 ft.

Put Safety 1st! Teamwork works!!
 TDJ, Ke Rowy
 Sr. Geologist
 Cell 620305 9900
 06-15-2011

Air Drilling Specialist
Oil & Gas Wells

THORNTON AIR ROTARY, LLC
Office Phone: 620-879-2073

PO Box 449
Caney, KS 67333

Date Started	6/14/2011
Date Completed	6/15/2011

Well No.	Operator	Lease	A.P.I #	County	State
33-1	Post Rock Energy	Tackett, Dale E	15-125-32102-00-00	Montgomery	Kansas

1/4	1/4	1/4	Sec.	Twp.	Rge.
			33	34	17

Driller	Type/Well	Cement Used	Casing Used	Depth	Size of Hole
Sean	Gas	4	21' 8 5/8	1031	7 7/8

Formation Record

0-2	DIRT	416-435	SHALE	876-890	SHALE
2-15	CLAY	430	GAS TEST-6OZ., 1/4 = 4.12	881	GAS TEST - SAME
15-17	RIVERROCK	435-437	COAL	890-910	CHAT/CHIRT (MISS.)
17-40	SHALE	437-440	SHALE	910-1031	LIME
40-44	SAND	440-446	SAND / ODOR	1031	GAS TEST-1#, 1" = 137
44-55	LIME	446-448	BLACK SHALE	1031	TD
55-58	BLACK SHALE	448-462	SHALE		
58-71	LIME	462-463	LIME		
71-76	SHALE	463-468	BLK SHALE		
76-80	SAND	468-469	COAL		
80-90	SANDY SHALE	469-473	SHALE		
90-99	SHALE	473-482	SAND		
99-121	SAND	482-512	SHALE		
121-207	SHALE	512-513	COAL		
207-209	LIME	513-535	SHALE		
209-211	BLK SHALE (MULBERRY)	535-550	SAND		
211-237	LIME (PAWNEE)	550-589	SANDY SHALE		
230	GAS TEST - NO GAS	589-590	COAL		
237-242	BLK SHALE-LEXINGTON	590-630	SHALE		
242-270	SHALE	605	GAS TEST-18OZ., 1/2 = 26.6		
255	GAS TEST - NO GAS	630-650	SAND		
270-292	SAND / ODOR	650-653	BLACK SHALE		
292-332	SHALE	653-667	SHALE		
332-366	LIME (OSWEGO)	655	GAS TEST-4 1/2#, 1" = 301		
355	GAS TEST - NO GAS	667-668	COAL		
366-371	BLK SHALE (SUMMIT)	668-818	SHALE		
371-404	LIME	818-821	COAL ?		
380	GAS TEST - NO GAS	821-874	SHALE		
404-409	BLK SHALE (MULKEY)	856	GAS TEST-4#, 1" = 283		
409-416	LIME	874-876	COAL		