



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: _____



1065839

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: _____ _____
--	--	---

QUEST

Resource Corporation

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

AFE
D11054

TICKET NUMBER

7091

FIELD TICKET REF #

FOREMAN Joe Blanchard

SSI 631300

API 15-125-32101

TREATMENT REPORT & FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER			SECTION	TOWNSHIP	RANGE	COUNTY
10/17/11	Campbell JUSTIN 33-1			33	34	17	MG
FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
MAX NEFF	8:AM	12:30PM		903600		5.5	max/11
Joe Blanchard	8:00	↓		904850		↓	Joe Blanchard
Wes Gahman	8:00						Wes Gahman
Justin F. Jansen	8:00						Justin F. Jansen

JOB TYPE Longstring HOLE SIZE 77/8 HOLE DEPTH 1050 CASING SIZE & WEIGHT 5 1/2 14#
 CASING DEPTH 1040.23 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 24.76 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4bpm

REMARKS:

Installed Cement head RAW 1 SK gel + 16 BBI dye + 165 SKS of cement to get dye to surface. Flushed pump. Pumped wiper plug to bottom of set float shoe.

started casing 10:00 started cement 11:00

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904850	5.5 hr	Foreman Pickup	
903197	hr	Cement Pump Truck	
903600	hr	Bulk Truck	
931505	hr	Transport Truck	
931335	hr	Transport Trailer	
		80 Vac	
	1040.23 Ft	Casing 5 1/2	
	6	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	1	Frac Baffles <u>4 1/2" Big Hole</u>	
	130 SK	Portland Cement	
	30 SK	Gilsonite	
	1 SK	Flo-Seal	
	9 SK	Premium Gel	
	5 SK	Cal Chloride	
	1	KCL 5 1/2 Basket	
	2000 gal	City Water	
903142	4 hr	Casing tractor	
932899	4 hr	Casing trailer	

DD. Thonka Outcrop Thursday 06/16/11 @ 3 PM.

Pipe#	Length	Running Total	Baffle Location	POSTROCK ENERGY CORP - CASING TALLY SHEET
1	36.75	36.75		Date: 6/16/11
2	39.42	76.17	Cement Basket	Well Name & #: Campbell, Justin R. 33-1
3	39.98	116.15		Township & Range: 34S-17E
4	38.93	155.08		County/State: Montgomery / Kansas
5	38.41	193.49	@ 193 ft.	SSI #: 631300
6	38.59	232.08		AFE#: D11054
7	39.39	271.47		Road Location: Hwy 166 & 5500 Rd., N & E into
8	39.20	310.67		API# 15-125-32101
9	40.00	350.67		
10	39.11	389.78		
11	38.37	428.15	No Baffle Set here. Not enough room.	
12	39.64	467.79		
13	39.43	507.22		
14	39.26	546.48		
15	39.18	585.66		
16	38.86	624.52		
17	39.38	663.90		
18	39.45	703.35		
19	39.27	742.62		
20	39.12	781.74	← Set Lower Baffle @ 781.74 ft. Big Hole * Using up Big Baffles.	
21	38.69	820.43		
22	38.60	859.03		
23	39.76	898.79		
24	38.13	936.92		
25	39.40	976.32		
26	38.91	1015.23		
Sub	25.00	1040.23	Tally Bottom	
Use all 26 joints + the 25 ft. Sub.				
DO NOT use the extra joint.				
Be Safe.				

Miss Top 911 ft.
Tally Bottom 1040.23 ft.
Driller DD 1050 ft.
Log Bottom 1050.90 ft.

Teamwork works! Put Safety 1st!
 TRG. Ke Rossy
 Sr Geologist
 6203859900
 06-16-2011

Air Drilling Specialist
Oil & Gas Wells

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

PO Box 449
Caney, KS 67333

Date Started	6/15/2011
Date Completed	6/16/2011

Well No.	Operator	Lease	A.P.I #	County	State
33-1	Post Rock Energy	Campbell, Justin	15-125-32101-00-00	Montgomery	Kansas

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

Driller	Type/Well	Cement Used	Casing Used	Depth	Size of Hole
Sean	Gas	4	22' 8 5/8	1050	7 7/8

Formation Record

0-2	DIRT	420-424	BLK SHALE (MULKEY)	1050	GAS TEST-1#,1",MCF-137
2-3	RIVER ROCK	424-427	LIME	1050	TD
3-13	LIME	427-444	SHALE		
13-20	SANDY SHALE	430	GAS TEST-2#, 3/8, MCF-27		
20-64	SHALE	444-445	COAL		
64-76	LIME	445-490	SHALE		
76-79	BLACK SHALE	490-494	SAND		
79-91	LIME	494-546	SANDY SHALE		
91-100	SHALE	505	GAS TEST - SAME		
100-121	SAND	546-547	COAL		
121-130	SHALE	547-570	SHALE		
130-149	SAND	555	WENT TO WATER		
149-190	SANDY SHALE	570-590	SAND		
190-233	SHALE	590-635	SHALE		
230	GAS TEST - NO GAS	635-636	COAL ?		
233-235	LIME	636-646	SAND		
235-238	BLK SHALE (MULBERRY)	646-649	COAL		
238-242	SHALE	649-660	SAND		
242-264	LIME (PAWNEE)	655	GAS TEST-28#, 1/2, MCF-222		
255	GAS TEST - NO GAS	660-700	SANDY SHALE		
264-269	BLK SHALE (LEXINGTON)	700-720	SHALE		
269-290	SHALE	720-721	COAL		
290-306	SAND (PERU)/OIL ODOR	721-896	SHALE		
306-310	SANDY SHALE	731	GAS TEST-1 1/2#,1",MCF-169		
310-330	SAND / OIL ODOR	896-898	COAL		
330-356	SHALE	898-908	SHALE		
356-386	LIME (OSWEGO)	906	GAS TEST-1#,1",MCF-137		
386-390	BLK SHALE (SUMMIT)	908-925	LIME (MISS.)		
390-420	LIME	925-1050	LMY CHIRT		
405	GAS TEST - NO GAS	981	GAS TEST - SAME		