



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: _____



1065843

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

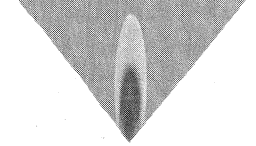
Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other (Explain) _____

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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QUEST

Resource Corporation



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

AFE
D11042

TREATMENT REPORT & FIELD TICKET CEMENT

TICKET NUMBER

✓ 7104

FIELD TICKET REF #

FOREMAN Joe Blanchard

SSI C30220

API 15-099-24649

DATE	WELL NAME & NUMBER			SECTION	TOWNSHIP	RANGE	COUNTY
6-21-11	Hogaw Carl 24-1			24	32	18	LB
FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Joe Blanchard	11:30	6:00		904850		6.5	<i>Joe Blanchard</i>
DUSTIN PORM		5:00		903600		5.5	<i>Dustin Porm</i>
Justin T. Jansen		6:00		903197		6.5	<i>Justin T. Jansen</i>
Wes Gahman		6:00		931505	931395	6.5	<i>Wes Gahman</i>

JOB TYPE longstring HOLE SIZE 7 7/8 HOLE DEPTH 932 CASING SIZE & WEIGHT 5 1/2 14#
 CASING DEPTH 921.41 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 21.93 DISPLACEMENT PSI _____ MIX PSI _____ RATE 46pm

REMARKS:

Installed Cement head Ran 1sk gal & 11 BBI dye & 140 sks of Cement to get dye to surface. Flush pump. Pump wiper plug to bottom & set float shoe.

Started Casing 12:00 started Cement 4:00 Had to wait 2 1/2 hr on Bulk truck to Reload and drive to our location.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904850	6.5 hr	Foreman Pickup	
903197	6.5 hr	Cement Pump Truck	
903600	5.5 hr	Bulk Truck	
931505	6.5 hr	Transport Truck	
931395	6.5 hr	Transport Trailer	
		80 Vac	
	921.41 Ft	Casing 5 1/2"	
	6	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	2	Frac Baffles 4" #4 1/2"	
	115 SK	Portland Cement	
	25 SK	Gilsonite	
	1 SK	Flo-Seal	
	9 SK	Premium Gel	
	5 SK	Cal Chloride	
	1	40 5 1/2 Basket	
	5000 gal	City Water	
903139	1.5 hr	Casing tractor	
932900	1.5 hr	Casing trailer	

DD's. M^c Pherson Drilling Monday 06-20-11 @ 12 Noon.

Pipe#	Length	Running Total	Baffle Location	POSTROCK ENERGY CORP - CASING TALLY SHEET
1	39.21	39.21		Date: 6/20/11
2	39.33	78.54	Cement Basket	Well Name & #: Hogan, Carl C. 24-1
3	39.92	118.46		Township & Range: 32S-18E
4	38.65	157.11	@ 157 ft.	County/State: Labette / Kansas
5	38.93	196.04		SSI #: 630220
6	38.81	234.85		AFE#: D11042
7	38.97	273.82		Road Location: 17,000 & Irving, W 2/3 mi & N into
8	39.79	313.61		API# 15-099-24649
9	39.49	353.10		
10	40.19	393.29		Set Upper Baffle @ 353.10 ft. Big Hole
11	38.70	431.99		
12	38.27	470.26		
13	40.07	510.33		
14	39.84	550.17		
15	37.95	588.12		
16	39.89	628.01		
17	39.15	667.16		
18	38.25	705.41		Set Lower Baffle @ 705.41 ft. Small Hole.
19	39.41	744.82		
20	38.90	783.72		
21	39.40	823.12		
22	38.57	861.69		
23	38.72	900.41		
Sub	21.00	921.41	Tally Bottom	
Use all 23 joints & the 21 ft Sub.				
Be Safe!				
Drink fluids & take breaks.				
Bottom Load				

Miss Top 787 ft.

Tally Bottom 921.41 ft.

Driller DD 930 ft.

Log Bottom 932.80 ft.

Teamwork works! Put Safety 1st!

Mike Leuzer Sr. Geologist

6203059900

06-20-2011

