



**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: \_\_\_\_\_



1065856

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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# QUEST

Resource Corporation

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

TICKET NUMBER ✓ 7110

FIELD TICKET REF # \_\_\_\_\_

FOREMAN Joe Blanchard

SSI \_\_\_\_\_

API \_\_\_\_\_

## TREATMENT REPORT & FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER			SECTION	TOWNSHIP	RANGE	COUNTY
6-24-11	Goings LT 14-3						NO
FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Joe Blanchard	6:00	7:30		904850		1.5	Joe Blanchard
Justin T. Jensen	↓	↓		903197			Justin T. Jensen
DUSTIN PORTER	↓	↓		903600			Dustin Porter
Wes Gabmen	↓	↓		931505	931395		Wes Gabmen

JOB TYPE Surface HOLE SIZE 11 HOLE DEPTH 22 CASING SIZE & WEIGHT 8 5/8  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS:

Pumped 3 bbl H<sub>2</sub>O to get circulation started cement pumped 15 sks of cement to get good cement to surface. Pumped 1 bbl displacement.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904850	1.5 hr	Foreman Pickup	
903255	hr	Cement Pump Truck	
903600	hr	Bulk Truck	
931515	hr	Transport Truck	
931505	hr	Transport Trailer	
		80 Vac	
		Casing	
		Centralizers	
		Float Shoe	
		Wiper Plug	
		Frac Baffles	
	15 SK	Portland Cement	
		Gilsonite	
		Flo-Seal	
		Premium Gel	
		Cal Chloride	
		KCL	
	30 BBL	City Water	

# QUEST

Resource Corporation

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

AFE#  
D11058

TICKET NUMBER

7109

FIELD TICKET REF #

FOREMAN Joe Blanchard

SSI 031210

API 15-133-27556

### TREATMENT REPORT & FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-27-11	Goins Liv TRUST 14.3	14	29	17	NO

FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Joe Blanchard	6:00	10:30		904850		4.5	Joe Blanchard
DOSTEN PORTER	↓	↓		903600		↓	Dosten Porter
WBS Graham	↓	↓		931505	931395	↓	WBS Graham
JUSTIN JENSEN	↓	↓		903197		↓	Justin Jensen

JOB TYPE Longstring HOLE SIZE 7 7/8 HOLE DEPTH 1222 CASING SIZE & WEIGHT 5 1/2 14#  
 CASING DEPTH 1217.13 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.5 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 0  
 DISPLACEMENT 28.97 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4bpm

REMARKS:

washed 35 Ft 5 1/2 swept 25sk gel. Installed Cement head  
 RAN 18 BR1 dye of 175 SKS of cement to get dye to surface. Flush pump.  
 Pumped wiper plug to bottom of set float shoe.

started <sup>Casing</sup> 8:00AM started Cement 9:30AM

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904850	4.5 hr	Foreman Pickup	
903255	1 hr	Cement Pump Truck	
903600	1 hr	Bulk Truck	
931505	1 hr	Transport Truck	
931395	1 hr	Transport Trailer	
		80 Vac	
	1217.13 Ft	Casing 5 1/2	
	7	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	2	Frac Baffles 4" x 4 1/2	
	135 SK	Portland Cement	
	35 SK	Gilsonite	
	1 SK	Flo-Seal	
	11 SK	Premium Gel	
	5 SK	Cal Chloride	
	1	5 1/2 Basket	
	7000 gal	City Water	
903139	4.5 hr	Casing tractor	
932895	4.5 hr	Casing trailer	

DD. McPherson Drilling Friday 06/24/11 @ 1 PM.

Pipe#	Length	Running Total	Baffle Location	POSTROCK ENERGY CORP - CASING TALLY SHEET
1	39.40	39.40		Date: 6/24/11
2	38.63	78.03	Cement Basket	Well Name & #: Goins Liv Trust 14-3
3	39.26	117.29		Township & Range: 29S-17E
4	39.06	156.35		County/State: Neosho / Kansas
5	38.96	195.31	@ 195 ft.	SSI #: 631210
6	40.33	235.64		AFE#: D11058
7	39.72	275.36		Road Location: K47 + Brown, S + W into
8	39.07	314.43		API# 15-133-27556
9	39.19	353.62		
10	38.50	392.12		
11	39.46	431.58		
12	40.14	471.72		
13	38.12	509.84		
14	38.63	548.47		
15	38.77	587.24		
16	40.43	627.67		
17	39.07	666.74		
18	37.93	704.67	← Set Upper Baffle @ 704.67 ft. Big Hole.	
19	39.93	744.60		
20	39.57	784.17		
21	39.70	823.87		
22	39.76	863.63		
23	39.69	903.32		
24	38.64	941.96		
25	39.45	981.41	← Set Lower Baffle @ 981.41 ft. Small Hole.	
26	39.44	1020.85		
27	39.27	1060.12		
28	40.08	1100.20		
29	38.22	1138.42		
30	40.21	1178.63		
31	38.50	1217.13	Tally Bottom	
<del>32</del>	<del>38.38</del>	<del>1255.51</del>	<del>Leave out.</del>	
Use 31 joints + leave out joint # 32. No Sub. Be Safe.				

Miss Top 1092 ft.  
Tally Bottom 1217.13 ft.  
Log Bottom 1221.90 ft.  
Driller TD 1228 ft.

Teamwork works! Put Safety 1st!

(Signature) Ke Lewis  
 Sr. Geologist  
 Cell 620 3059900  
 06-24-2011

**McPherson Drilling LLC Drillers Log**

**PO#** **AFE# D11058**

<b>Rig Number:</b> 1	<b>S. 14</b>	<b>T. 29</b>	<b>R.17 E</b>
<b>API No. -105- 133-27556</b>	<b>County: Neosho</b>		
Elev. 959	<b>Location:</b>		

<b>Gas Tests:</b>	
100'	0
475'	0
627'	0
665'	2.92
677'	2.92
752'	2.92
777'	2.92
827'	3.01
927'	3.37
1002'	3.39
1028'	3.71
1078'	3.71
1103'	3.39
1228'	3.39
<b>Comments:</b>	
Start injecting @	

<b>Operator:</b> POSTROCK			
<b>Address:</b> 210 Park Ave Ste 2750 Oklahoma City, OK 73102-5641			
<b>Well No:</b> 14-3	<b>Lease Name:</b> GOINS		
<b>Footage Location:</b>	1,980	ft. from the	NORTH Line
	660	ft. from the	EAST Line
<b>Drilling Contractor:</b> McPherson Drilling LLC			
<b>Spud date:</b>	6/26/2011	<b>Geologist:</b>	Ken Recoy
<b>Date Completed:</b>	6/27/2011	<b>Total Depth:</b>	1228

<b>Casing Record</b>			<b>Rig Time:</b>	
	Surface	Production		
<b>Size Hole:</b>	11"	7 7/8"		
<b>Size Casing:</b>	8 5/8"			
<b>Weight:</b>	20#			
<b>Setting Depth:</b>	21	MCP	270'	h2o
<b>Type Cement:</b>	Port		<b>DRILLER:</b>	Andy Coats
<b>Sacks:</b>	4	MCP		

<b>Well Log</b>										
<b>Formation</b>	<b>Top</b>	<b>Btm.</b>	<b>HRS.</b>	<b>Formation</b>	<b>Top</b>	<b>Btm.</b>		<b>Formation</b>	<b>Top</b>	<b>Btm.</b>
soil	0	8		oswego	627	653				
shale	8	14		summit	653	657				
lime	14	23		lime	657	669				
shale	23	71		mulky	669	672				
coal	71	72		lime	672	674				
shale	72	139		shale	674	741				
lime	139	223		coal	741	743				
shale	223	260		shale	743	766				
lime	260	275		coal	766	768				
shale	275	282		shale	768	804				
lime	282	298		coal	804	805				
black shale	298	301		shale	805	924				
lime	301	342		coal	924	926				
shale	342	395		shale	926	980				
black shale	395	397		coal	980	981				
shale	397	416		shale	981	989				
lime	416	418		sand	989	1008				
shale	418	455		shale	1008	1021				
lime	455	467		coal	1021	1023				
shale	467	548		shale	1023	1070				
lime	548	553		sand shale	1070	1075				
black shale	553	555		coal	1075	1077				
lime	555	593		shale	1077	1083				
shale	593	627		miss	1083	1228				

Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



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

Mark Sievers, Chairman  
Ward Loyd, Commissioner  
Thomas E. Wright, Commissioner

Sam Brownback, Governor

October 21, 2011

CLARK EDWARDS  
PostRock Midcontinent Production LLC  
Oklahoma Tower  
210 Park Ave, Ste 2750  
OKLAHOMA CITY, OK 73102

Re: ACO1  
API 15-133-27556-00-00  
GOINS LIV TRUST 14-3  
NE/4 Sec.14-29S-17E  
Neosho County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,  
CLARK EDWARDS