



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: _____



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

AFE#
D11060

TICKET NUMBER 7111

FIELD TICKET REF # _____

FOREMAN Joe Blanchard

SSI 631220

API 15-133-27562

TREATMENT REPORT & FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-28-11	Goins Liv trust 12-2	12	29	17	NO

FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Joe Blanchard	6:00	10:00		904850		4	Joe Blanchard
Wes Gehman	6:00	↓		931505	931395	↓	Wes Gehman
DUSTIN POTTER	↓	↓		903600		↓	Dustin Potter
Justin T. Jansen	↓	↓		903255		↓	Justin T. Jansen

JOB TYPE Longstring HOLE SIZE 7 7/8 HOLE DEPTH 1220 CASING SIZE & WEIGHT 5 1/2 14#
 CASING DEPTH 1215.59 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 28.94 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4bpm

REMARKS:

washed 10 Ft 5 1/2 in hole. swept 13K gal. Just installed Cement head RAN 18 bbl dye of 200 SKS of cement To get dye to Surface Flush pump - Pumped wiper plug to bottom of set float shoe.

started Casing 7:30 started Cement 9:00

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904850	4	Foreman Pickup	
903255	↓	Cement Pump Truck	
903600	↓	Bulk Truck	
931505	↓	Transport Truck	
931395	↓	Transport Trailer	
		80 Vac	
	1215.59 Ft	Casing 5 1/2	
	7	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	2	Frac Baffles 4" + 4 1/2"	
	155 SK	Portland Cement	
	40 SK	Gilsonite	
	3 SK	Flo-Seal	
	15 SK	Premium Gel	
	6 SK	Cal Chloride	
	1	5 1/2 Basket	
	7000 gal	City Water	
903139	4	Casing tractor	
932895	4	Casing trailer	

McPherson Drilling LLC Drillers Log

PO# **AFE# D11060**

Rig Number: 1	S. 12	T. 29	R.17 E
API No. -105- 133-27562	County: Neosho		
Elev. 955	Location:		

Gas Tests:	
79'	0
204'	0
301'	0
429'	0
454'	0
605'	2.92
630'	2.92
660'	5.32
680'	5.32
755'	5.32
780'	5.32
805'	5.32
880'	5.32
930'	5.32
1005'	18.8
1075'	5.32
1090'	5.32
1220'	10.90
Comments: Start injecting @	

Operator: POSTROCK			
Address: 210 Park Ave Ste 2750 Oklahoma City, OK 73102-5641			
Well No: 12-2	Lease Name: GOINS		
Footage Location: 660	ft. from the	SOUTH	Line
660	ft. from the	WEST	Line
Drilling Contractor: McPherson Drilling LLC			
Spud date: 6/26/2011	Geologist: Ken Recoy		
Date Completed: 6/27/2011	Total Depth: 1220		

Casing Record			Rig Time:	
	Surface	Production		
Size Hole:	11"	7 7/8"		
Size Casing:	8 5/8"			
Weight:	20#			
Setting Depth:	21	MCP	178'	h2o
Type Cement:			DRILLER:	Andy Coats
Sacks:		PUMP TRUCK		

Well Log										
Formation	Top	Btm.	HRS.	Formation	Top	Btm.		Formation	Top	Btm.
soil	0	2		shale	451	521		shale	926	927
sand	2	6		lime	521	581		coal	927	929
shale	6	62		shale	581	586		shale	929	980
coal	62	63		coal	586	587		coal	980	982
shale	63	99		shale	587	622		shale	982	1068
lime	99	102		coal	622	623		coal	1068	1070
shale	102	110		shale	623	625		shale	1070	1078
lime	110	114		lime	625	651		miss	1078	1220
shale	114	120		summit	651	657				
lime	120	198		lime	657	665				
coal	198	200		mulky	665	669				
lime	200	204		lime	669	672				
shale	204	258		shale	672	736				
lime	258	274		coal	736	738				
shale	274	290		shale	738	764				
black shale	290	293		coal	764	765				
lime	293	340		shale	765	798				
shale	340	359		coal	798	800				
sand shale	359	409		shale	800	868				
black shale	409	411		coal	868	870				
sand shale	411	440		shale	870	889				
coal	440	442		red shale	889	896				
shale	442	444		shale	896	904				
lime	444	451		sand	904	926				

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 15-133-27562-00-00
GOINS LIV TRUST 12-2
SW/4 Sec.12-29S-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