



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



1069802

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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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	FOLLMER, WILLIAM C 26-1
Doc ID	1069802

All Electric Logs Run

DIL
CDL
NDL
TEMP
GRN

# QUEST

Resource Corporation

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

TICKET NUMBER

7146

FIELD TICKET REF #

FOREMAN Nathan Gehring

SSI 630090

API 15-205-27902

AFE # D10096

## TREATMENT REPORT & FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-5-11	Follmer, William C 26-1	26	28	16	Wilson

FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gehring	8:00	1:00					<i>Nat Geh</i>
Joe Blanchard	8:00	1:00		904850		6	<i>Joe Blanchard</i>
Justin T. Jovan	8:00	1:00		903255		6	<i>Justin Jovan</i>
Wes Gehring	8:00	1:00		931505	931395	6	<i>Wes Gehring</i>
Robert Rye	8:00	1:00		902189	932895		<i>Robert Rye</i>
DUSTIN DORTCH	8:00	1:00		903600		6	<i>Dustin Dortch</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 1219 CASING SIZE & WEIGHT 5 1/2 14#  
 CASING DEPTH 1211.85 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.5 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 0  
 DISPLACEMENT 29.56 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4 bpm

REMARKS:

Spotted equipment on location. Helped rig crew run in casing. Installed wash head and washed down approx 45' swept with 1 sk gel. Installed cement head. Pump 18661 dye thru 200 sks cement to get dye to surface. Flushed pump. Pumped wiper plug to bottom and set float shoe.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904850	1	Foreman Pickup	
903255	1	Cement Pump Truck	
903600	1	Bulk Truck	
931505	1	Transport Truck	
931395	1	Transport Trailer	
904730	1	80 Vac	
	1211.85	Casing 5 1/2	
	6	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	2	Frac Baffles	
	137 sk	Portland Cement	
	40 sk	Gilsonite	
	2 sk	Flo-Seal	
	16 sk	Premium Gel	
	6 sk	Cal Chloride	
	2	<del>CE</del> Cement Basket	
	7000 gal	City Water	
903139	1	Casing tractor	
932895	1	Casing trailer	

Air Drilling Specialist  
Oil & Gas Wells

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

PO Box 449  
Caney, KS 67333

Date Started	<b>7/29/2011</b>
Date Completed	<b>8/2/2011</b>

Well No.	Operator	Lease	A.P.I #	County	State
<b>26-1</b>	<b>Post Rock Energy</b>	<b>Follmer,</b>	<b>15-205-27902-00-00</b>	<b>Wilson</b>	<b>Kansas</b>
		<b>William</b>			
<b>1/4</b>	<b>1/4</b>	<b>1/4</b>	<b>Sec.</b>	<b>Twp.</b>	<b>Rge.</b>
			<b>26</b>	<b>28 S</b>	<b>16 E</b>

Driller	Type/Well	Cement Used	Casing Used	Depth	Size of Hole
<b>Sean</b>	<b>Gas</b>	<b>4</b>	<b>22' 8 5/8</b>	<b>1220</b>	<b>7 7/8</b>

### Formation Record

0-3	DIRT	650-670	LIME (OSWEGO)		
3-16	CLAY	670-676	BLK SHALE (SUMMIT)		
16-45	SHALE	676-683	LIME		
45-53	LIME	680	G.T.-18 oz., 1/8" = 2.24 MCF		
53-77	SHALE	683-686	BLK SHALE (EXCELLO)		
77-125	SAND	686-687	COAL (MULKY)		
105	WENT TO WATER	687-698	SHALE		
125-148	SANDY SHALE	698-732	SAND		
148-153	LIME	705	G.T.-1 oz., 1/4" = 1.68 MCF		
153-160	SAND	732-814	SANDY SHALE		
160-168	SHALE	814-815	COAL		
168-254	LIME	815-836	SAND		
254-289	SHALE	836-837	COAL		
289-309	LIME	837-930	SHALE		
309-315	SHALE	856	G.T.-10oz., 1/4" = 5.32 MCF		
315-368	LIME	930-937	SAND		
368-375	SHALE	937-950	SANDY SHALE		
375-382	LIME	950-1028	SAND		
382-435	SHALE	1028-1069	SHALE		
435-492	LIME	1068-1071	COAL		
492-520	SAND	1071-1075	SHALE		
520-583	SANDY SHALE	1072	GAS TEST -SAME		
583-585	LIME	1075-1108	CHAT/CHIRT (MISS.)		
585-586	COAL (MULBERRY)	1081	GAS TEST - SAME		
586-607	LIME (PAWNEE)	1108-1160	LIME		
605	GAS TEST - NO GAS	1160-1220	CHAT/CHIRT		
607-612	BLK SHALE (LEXINGTON)	1220	GAS TEST - SAME		
612-640	SHALE	1220	TD		
630	G.T.-1 1/2oz., 1/8" = 603 MCF				
640-650	SAND				