



KANSAS CORPORATION COMMISSION 1070206
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

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: _____



1070206

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	CARLSON, DAVID L 9-1
Doc ID	1070206

All Electric Logs Run

GRN
DIL
CDL
NDL
TEMP

QUEST

Resource Corporation

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

TICKET NUMBER

✓ 7147

FIELD TICKET REF # _____

FOREMAN Nathan Gahman

SSI _____

API _____

AFE # D11085

TREATMENT REPORT & FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-5-11	Carlson 9-1	9			Wilson

FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	1:00	4:00					Nat Gah
Joe Blanchard	1:00	4:00		904850		3	Joe Blanchard
Justin Jensen	1:00	3:30		903255		2.5	Justin Jensen
	1:00	2:30		903600		1.5	
Wes Gahman	1:00	4:00		931505	931395	3	Wes Gah
DUSTIN PORTER	1:00	2:30		903600		1.5	Dustin Porter

JOB TYPE Surface HOLE SIZE 12" HOLE DEPTH 216' CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 213 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 13.50 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS:

Drove to location spotted truck. Hooked to surface casing swedge. Pump 13 bbl water to get circulation. Pump 4 bbl dye and 105 sks straight cement to get dye to surface. Pumped 10 bbl water for displacement. Shut down wash up equipment and left location. Cement to surface.

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	
	213 ET	Casing surface pipe 8 5/8	
	N/A	Centralizers	
	N/A	Float Shoe	
	N/A	Wiper Plug	
	N/A	Frac Baffles	
	105 sks	Portland Cement	
	N/A	Gilsonite	
	N/A	Flo-Seal	
	N/A	Premium Gel	
	N/A	Cal Chloride	
	N/A	KCL	
	60 bbl	City Water	

QUEST

Resource Corporation

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

TICKET NUMBER

✓ 7150

FIELD TICKET REF #

FOREMAN Joe BIANchard

SSI 631770

API 15-205-27965

APE
15-205-27965

TREATMENT REPORT & FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-10-11	Carlson David 9-1	9	28	17	Wb

FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Joe BIANchard	6:00	10:00		904850		4	<i>Joe BIANchard</i>
Mike Thomas		9:00		903139	930895	3	<i>Mike Thomas</i>
Wes Gahman		10:00		931505	931395	4	<i>Wes Gahman</i>
DUSTIN FORBES		10:00		903600		4	<i>Dustin Forbes</i>
Justin T. Jensen		10:00		903255		4	<i>Justin T. Jensen</i>

JOB TYPE Longstring HOLE SIZE 7 7/8 HOLE DEPTH 1252 CASING SIZE & WEIGHT 5 1/2 14#
 CASING DEPTH 1245.71 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 29.65 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4bpm

REMARKS:

washed 10 Ft 5 1/2 swept 1 SK gel. Installed Cement head RAN 19 BBL Dye & 185 SKS of cement to get dye to surface. Flush pump. Pumpwiper Plug to bottom of set float shoe.

started Casing 7:15 started Cement 9:00 ALAN DUNNING from KCC was Present.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904850	4 hr	Foreman Pickup	
903255	4 hr	Cement Pump Truck	
903600	4 hr	Bulk Truck	
931505	4 hr	Transport Truck	
931395	4 hr	Transport Trailer	
904730	4 hr	80 Vac	
	1245.71 Ft	Casing 5 1/2	
	7	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	0	Frac Baffles NO Baffles	
	140 SK	Portland Cement	
	35 SK	Gilsonite	
	2 SK	Flo-Seal	
	14 SK	Premium Gel	
	0.5 SK	Cal Chloride	
	2	Cement Basket 5 1/2"	
	7000gal	City Water	
903139	3 hr	Casing tractor	
932895	3 hr	Casing trailer	

TD's. Stanton drilling 08/09/11 Tuesday @ 10 AM.

Pipe#	Length	Running Total	Baffle Location	POSTROCK ENERGY CORP - CASING TALLY SHEET
1	39.91	39.91		Date: 8/9/11
2	38.41	78.32	Cement Basket	Well Name & #: Carlson, David L. 9-1
3	38.07	116.39		Township & Range: 28S-17E
4	38.34	154.73	@ 272 ft.	County/State: Wilson / Kansas
5	39.68	194.41		SSI #: 631770
6	39.93	234.34		AFE#: D11085
7	38.19	272.53		Road Location: 1800 & Wichita, S & E into
8	40.02	312.55		API# 15-205-27965
9	38.31	350.86		
10	39.44	390.30	No	
11	39.12	429.42		
12	40.28	469.70	Baffles	
13	38.95	508.65		
14	39.89	548.54		
15	38.92	587.46	to	
16	38.34	625.80		
17	40.01	665.81	Set	
18	39.88	705.69		
19	39.87	745.56		
20	38.56	784.12	here.	
21	38.39	822.51		
22	38.52	861.03		
23	38.60	899.63		Be Safe!
24	39.34	938.97		Drink fluids! Take breaks!
25	39.62	978.59		
26	38.68	1017.27		
27	39.81	1057.08		
28	39.31	1096.39	Cement Basket @ 1096 ft.	
29	39.76	1136.15		
30	39.44	1175.59		
31	40.20	1215.79		
Sub	19.00	1234.79		
Sub	10.92	1245.71	Tally Bottom	
Use all 31 joints + both Subs.				

Miss Top 1115 ft.

Tally Bottom 1245.71 ft.

Log Bottom 1252.70 ft.

Driller TD 1256 ft.

Teamwork works! Put Safety 1st!

TRD Kor Pewzy
Sr. Geologist
Cell 620 305 9900
08-09-2011

Air Drilling Specialist
Oil & Gas Wells

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

PO Box 449
Caney, KS 67333

Date Started	8/4/2011
Date Completed	8/9/2011

Well No.	Operator	Lease	A.P.I #	County	State
9-1	Post Rock Energy	Carlson, David	15-205-27965-00-00	Wilson	Kansas

1/4	1/4	1/4	Sec.	Twp.	Rge.
			9	28 S	17 E

Driller	Type/Well	Cement Used	Casing Used	Depth	Size of Hole
Sean	Gas	Post Rock	213' 8 5/8	1256	7 7/8

Formation Record

0-3	DIRT	674-693	LIME (OSWEGO)	1256	TD
3-13	SAND	693-699	BLK SHALE (SUMMIT)		
13-70	SHALE	699-706	LIME		
70-71	LIME	705	G.T.-8 1/2oz., 1/4"=4.76 MCF		
71-75	SANDY LIME	706-713	BLK SHALE (EXCELLO)		
75-82	LIME	713-714	COAL (MULKY)		
82-214	SAND	714-718	LIME		
214-290	LIME	718-725	SHALE		
290-293	SHALE	725-747	SAND		
293-301	SAND	730	G.T.-6oz., 1"= 63.3 MCF		
301-333	SANDY SHALE	747-845	SANDY SHALE		
333-378	LIME	845-916	SAND / OIL ODOR		
378-385	SHALE	831	G.T.-15 oz., 1" = 101 MCF		
385-398	LIME	906	G.T.- 1 1/2 oz., 1 1/2" = 93.3 MCF		
405	WENT TO WATER	916-971	SHALE		
398-490	SHALE	971-1027	SANDY SHALE		
490-497	LIME	1006	GAS TEST - SAME		
497-510	SHALE	1027-1054	SAND		
510-520	LIME	1031	G.T.- 10#, 1 1/2" = 1.274 MCF		
520-534	SHALE	1054-1075	SHALE		
534-550	SAND	1075-1100	SAND		
550-605	SHALE	1100-1104	SHALE		
605	GAS TEST - NO GAS	1104-1106	COAL		
605-608	LIME	1106-1114	SHALE		
608-610	COAL (MULBERRY)	1106	GAS TEST - SAME		
610-636	LIME (PAWNEE)	1114-1140	CHAT/CHIRT (MISS.)		
630	GAS TEST - SAME	1131	G.T.- 6#, 1 1/2" = 953 MCF		
636-641	BLACK SHALE	1140-1166	LIME		
641-674	SHALE	1166-1256	CHAT /CHIRT		
655	G.T.-2 1/2oz., 1/4"=2.73 MCF	1256	G.T.-4 1/2#, 1 1/2" = 814 MCF		