



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: _____



1070228

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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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	LOONEY, DOUGLAS P C2-1
Doc ID	1070228

All Electric Logs Run

DIL
CDL
NDL
TEMP



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 31545
LOCATION EUREKA
FOREMAN Kevin McCoy

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

SSI # 631560 CEMENT API # 15-099-24657 AFE # D11080 KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
8-29-11	6628	Looney, Douglas P. C2-1	2	355	18E	Labette	
CUSTOMER PostRock Energy Corp.			Gas Jones	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 4402 Johnson Rd				445	DAVE G.		
CITY Chanute			STATE KS	ZIP CODE			
				543	Joey K.		

JOB TYPE Longstring 6 HOLE SIZE 7 7/8 HOLE DEPTH 1330' CASING SIZE & WEIGHT 5 1/2 14" New
 CASING DEPTH 1323 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5" SLURRY VOL 54 BBL WATER gal/sk 9.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 33 BBL DISPLACEMENT PSI 800 MIX PSI 1200 Bump Plug RATE 5 BPM

REMARKS: Safety Meeting: Rig up to 5 1/2 casing. BREAK circulation w/ 35 BBL Fresh water. wash down 12' 5 1/2. pump 400* Gel Flush = 15 BBL, 30 BBL water spacer. Rig up Cement Head. MIXED 160 SKS THICK Set Cement w/ 5" Kol-Seal/sk, 1/2" PhenoSeal/sk, 1/4" CFL-115 @ 13.5" /gal, yield 1.90. Shut down, wash out Pump & Lines. Release Plug. Displace Plug to SEAT w/ 33 BBL fresh water. FINAL Pumping Pressure 800 psi. Bump Plug to 1200 psi. wait 2 minutes. Release Pressure. Float Held. Good Cement Returns to SURFACE = 6 BBL Slurry to Pit. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	0	MILEAGE 2 nd well of 2	0	N/C
1126 A	160 SKS	THICK Set Cement	18.30	2928.00
1110 A	800 #	Kol-Seal 5" /sk	.44	352.00
1107 A	80 #	PhenoSeal 1/2" /sk	1.22	97.60
1135 A	37 #	CFL-115 1/4"	9.95	368.15
1118 B	400 #	Gel Flush	.20	80.00
5407 A	8.30 TONS	75 miles Bulk Delv.	1.26	837.60
4406	1	5 1/2 Top Rubber Plug	70.00	70.00
			Sub Total	5708.35
			SALES TAX 7.55%	294.13
			ESTIMATED TOTAL	6002.48

Ravin 3737

AUTHORIZATION Joe Blanchard TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

TD'd. McPherson Outcrop Tuesday 08/16/11 @ 9AM. TD 1215'
 TD'd. McPherson Outcrop Friday 08/19/11 @ 9AM. TD 1330'

Pipe#	Length	Running Total	Baffle Location	POSTROCK ENERGY CORP - CASING TALLY SHEET
1	38.57	38.57		Date: 8/19/11
2	39.07	77.64		Well Name & #: Looney, Douglas P. C2-1
3	38.74	116.38		Township & Range: 35S-18E
4	38.15	154.53	Cement Basket	County/State: Labette / Kansas
5	38.88	193.41		SSI #: 631560
6	38.14	231.55		AFE#: D11080
7	38.75	270.30		Road Location: Harper & 3000, S 2/3 mile, E into
8	38.87	309.17	No	API# 15-099-24657
9	40.40	349.57		
10	39.90	389.47	Baffles	
11	38.32	427.79		
12	38.79	466.58		
13	38.79	505.37	to	
14	39.50	544.87		
15	37.94	582.81	Set	
16	39.86	622.67	here.	
17	39.49	662.16		
18	39.90	702.06		
19	39.23	741.29		
20	39.00	780.29		
21	38.51	818.80	Cement Basket	
22	38.60	857.40		
23	38.80	896.20		
24	38.87	935.07	Cement Basket	
25	39.66	974.73		
26	38.88	1013.61		
27	38.85	1052.46		
28	39.54	1092.00		
29	38.97	1130.97		
30	39.61	1170.58		
31	37.62	1208.20		
32	39.58	1247.78		
33	39.08	1286.86		
34	36.36	1323.22	Tally Bottom	
Use all 34 joints, No Subs.				

Miss. Top 844 ft.
Arbuckle Top 1203 ft.
Log Bottom 1219.50 ft.
Tally Bottom 1323.22 ft.
Driller Final TD 1330 ft.

Teamwork works! Put Safety 1st!
 TRS Ke Reroy
 Sr. Geologist
 Call 620 305 9900
 08-19-2011

