

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1070230

Form ACO-1

August 2013

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
- ☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer
- ☐ 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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

☐ Confidentiality Requested

Date: _____

☐ Confidential Release Date: _____

☐ Wireline Log Received

☐ Geologist Report Received

☐ UIC Distribution

ALT ☐ I ☐ II ☐ III Approved by: _____ Date: _____

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
List All E. Logs Run:					

<div style="text-align: center;"> CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used </div> <div style="text-align: center;"> Report all strings set-conductor, surface, intermediate, production, etc. </div>							
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				

Did you perform a hydraulic fracturing treatment on this well? ☐ Yes ☐ No (If No, skip questions 2 and 3)

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? ☐ Yes ☐ No (If No, skip question 3)

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? ☐ Yes ☐ No (If No, fill out Page Three of the ACO-1)

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth

TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run:			<input type="checkbox"/> Yes	<input type="checkbox"/> No
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 (Explain) _____			
Estimated Production Per 24 Hours	Oil	Bbbs.	Gas	Mcf	Water	Bbbs.	Gas-Oil Ratio	Gravity	

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>		<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i></p> <p><input type="checkbox"/> Other <i>(Specify)</i> _____</p>	<p>PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p>
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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	ALLEN, WALTER M 4-1
Doc ID	1070230

All Electric Logs Run

DIL
CDL
NDL
TEMP

QUEST

Resource Corporation

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

TICKET NUMBER

✓ 7158

FIELD TICKET REF #

FOREMAN Nathan GahmsSSI 631830API 15-125-32119

AFE# D11086

TREATMENT REPORT
& FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER				SECTION	TOWNSHIP	RANGE	COUNTY
8-29-11	Allen, Walter M. 4-1				4	35S	17E	Montgomery
FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE	
Nathan Gahms	5:45	10:00		904850		4.25	Nathan Gahms	
Justin T. Soren	5:45			903255		4.25	Justin T. Soren	
DUSTIN PORTER	5:45			903600		4.25	Dustin Porter	
MAHUFF	6:00			904735		4	MAHUFF	
Joe Rogers	6:00			931585		4	Joe Rogers	

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 998.4 CASING SIZE & WEIGHT 5.5 14#
CASING DEPTH 990.96 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 13.5# SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0
DISPLACEMENT 24.18 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.0

REMARKS:

Drove to location, set up and helped run casing. Installed wash head and washed in 20 ft of casing with 1st gel. Installed plug equipment. Pumped 14 bbl of dye then pumped 160 sks cement to get dye to surface. Pumped wiper plug down and set float shoe. Washed up and cleaned up location.

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	
931585	1	Transport Truck	
	1	Transport Trailer	
904735	1	80 Vac	
	990.96 ft	Casing	
	6	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	1	Frac Baffles <u>small ball</u>	
	106 sks	Portland Cement	
	32 sks	Gilsonite	
	2 sks	Flo-Seal	
	13 sks	Premium Gel	
	5 sks	Cal Chloride	
	2	KOL Cement basket	
	7000 gal	City Water	
903139	1	Casing truck	
932875	1	Casing trailer	

TD's. Stanton Outlets Monday 08/22/2011 @ 1PM.

Pipe#	Length	Running Total	Baffle Location	POSTROCK ENERGY CORP - CASING TALLY SHEET
1	38.82	38.82		Date: 08/24/11
2	39.40	78.22		Well Name & #: Allen, Walter M. 4-1
3	38.83	117.05		Township & Range: 35S-17E
4	40.39	157.44	Cement Basket	County/State: Montgomery/Kansas
5	38.51	195.95		SSI #: 631830
6	39.22	235.17		AFE#: D11086
7	40.15	275.32	No	Road Location: 1800 & 5550 Rd., S & W into.
8	38.82	314.14	Upper	API# 15-125-32119
9	39.06	353.20	Baffle	
10	38.83	392.03	here.	
11	38.37	430.40		
12	37.91	468.31		
13	40.30	508.61		
14	38.90	547.51		
15	38.13	585.64		
16	38.71	624.35		
17	38.84	663.19		
18	38.18	701.37		
19	38.28	739.65		Set Lower Baffle @ 739.65 ft. Small Hole.
20	38.46	778.11		
21	39.00	817.11	Cement Basket	
22	38.70	855.81		
23	39.39	895.20		
24	38.72	933.92		
25	38.80	972.72		
Sub	18.24	990.96	Tally Bottom	
26	39.02		Leave this joint out.	
27	39.40		Leave this joint out.	

Set 25 joints + the 18 ft. Sub.
Do NOT set joints 26 + 27.

Miss Top 860 ft.

Tally Bottom 990.96 ft.

Log Bottom 998.40 ft.

Driller TD 1000 ft.

Teamwork works! Put Safety 1st!

TKD's. Ke Busy
Sr. Geologist
Cell 620-305-9900
08/24/2011

Air Drilling Specialist
Oil & Gas Wells

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

PO Box 449
Caney, KS 67333

Date Started	8/19/2011
Date Completed	8/22/2011

Well No.	Operator	Lease	A.P.I #	County	State
4-1	Post Rock Energy	Allen, Walter M.	15-125-32119-00-00	Montgomery	Kansas
1/4	1/4	1/4	Sec. 4	Twp. 35 S	Rge. 17 E

Driller	Type/Well	Cement Used	Casing Used	Depth	Size of Hole
Sean	Oil	4	20' 8 5/8	1000	7 7/8

Formation Record

0-2	DIRT	440-495	SHALE		
2-6	CLAY	495-517	SAND		
6-85	LIME	517-596	SHALE		
85-173	SHALE	596-635	SANDY SHALE		
173-176	LIME	630	WENT TO WATER		
176-181	SHALE	635-668	SHALE		
180	GAS TEST - NO GAS	668-669	COAL		
181-207	LIME	669-704	SHALE		
207-211	BLACK SHALE	680	G.T. - SLIGHT BLOW		
211-213	SHALE	704-706	COAL		
213-214	COAL	706-775	SHALE		
214-240	SHALE	756	GAS TEST - SAME		
230	GAS TEST - NO GAS	775-777	COAL		
240-248	SAND	777-844	SHALE		
248-299	SANDY SHALE	781	GAS TEST - SAME		
299-330	LIME	844-846	COAL		
330-333	BLACK SHALE	846-861	SHALE		
333-367	LIME	856	GAS TEST - SAME		
355	GAS TEST - NO GAS	861-864	CHAT/CHIRT (MISS.)		
367-371	BLACK SHALE	864-940	LIME		
371-377	LIME	940-1000	LMY CHIRT		
377-397	SAND	1000	TD		
380	GAS TEST - NO GAS				
397-398	COAL				
398-417	SAND				
417-419	LIME				
419-425	BLACK SHALE				
425-427	COAL				
427-440	SANDY SHALE				
430	GAS TEST - NO GAS				

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

December 13, 2011

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

Re: ACO1
API 15-125-32119-00-00
ALLEN, WALTER M 4-1
NW/4 Sec.04-35S-17E
Montgomery 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