



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



1083263

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
---	---

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
-----------------------------------	-----------	---------	-------------	---------------	---------

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: _____ _____
---	--	--

Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	SCHWATKEN, WILBUR A 28-1
Doc ID	1083263

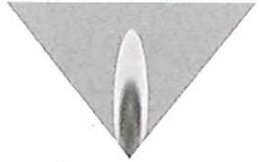
All Electric Logs Run

GRN
DIL
NDL
TEMP
CDL

# QUEST

Resource Corporation

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



TICKET NUMBER

7179

FIELD TICKET REF #

FOREMAN Joe Blanchard

SSI 630680

API 15-125-32129

AFF 011096

## TREATMENT REPORT & FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-2-11	Schwatken Wilbur 28-1	28	31	14	MO

FOREMAN / OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Joe Blanchard	10:45	5:00		904850		4.25	Joe Blanchard
Justin Jansen	10:45	5:30		903255		4.75	Justin Jansen
Colby Dean	10:45	3:30		903600		4.75	Colby Dean
Dustin Parker	10:45	3:30		903103		4.75	Dustin Parker
Bobby Rice	10:45	2:30		931380	932900	3.75	Bobby Rice
Johnny Walker	10:45	5:30		903414	932170	4.75	Johnny Walker

JOB TYPE Longstring HOLE SIZE 7 7/8 HOLE DEPTH 1550 CASING SIZE & WEIGHT 5 1/2 14#  
 CASING DEPTH 1542.83 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.0 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 0  
 DISPLACEMENT 36.73 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 46bpm

REMARKS:

washed 25 ft Scept 1 SK gel. Installed cement head BAN 26 BBI dye & 205 SKS of cement to get dye to surface. flush pump. Pumped wiper Plug to bottom & set float shoe.

started casing 11:30 started cement 2:15 pm

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904850	6.25 hr	Foreman Pickup	
903255	4.75	Cement Pump Truck	
903600	4.75	Bulk Truck	
903414	4.75	Transport Truck	
932170	4.75	Transport Trailer	
904745		80 Vac	
	1542.38	Casing 5 1/2	
	7	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	0	Frac Baffles NONE SET	
	140 SK	Portland Cement	
	40 SK	Gilsonite	
	2 SK	Flo-Seal	
	16 SK	Premium Gel	
	5 SK	Cal Chloride	
	2	Cement Basket 5 1/2"	
	8000 gal	City Water	
	3.75 hr	Casing tractor	
	3.75 hr	Casing trailer	



Dr. McPherson Drilling Tuesday 11-01-11 @ 10 AM.

Pipe#	Length	Running Total	Baffle Location	POSTROCK ENERGY CORP - CASING TALLY SHEET
1	39.17	39.17		Date: 11/01/2011
2	38.5	77.67		Well Name & #: Schwatken, Wilbur A. 28-1
3	39.67	117.34		Township & Range: 31S-14E
4	38.57	155.91		County/State: Montgomery/Kansas
5	39.33	195.24		SSI #: 630680
6	39.07	234.31		AFE#: D11096
7	39.34	273.65		Road Location: 2100 Road & 5600 Road, N & W into.
8	39.42	313.07		API# 15-125-32129
9	39.74	352.81		
10	39.22	392.03		
11	38.9	430.93		
12	39.43	470.36	Cement Basket	
13	39.87	510.23		
14	40.97	551.20		
15	40.02	591.22		
16	40	631.22		
17	39.24	670.46		
18	40.03	710.49		
19	39.48	749.97		
20	39.39	789.36		
21	39.43	828.79		
22	39.2	867.99		
23	40.14	908.13		
24	40.1	948.23		
25	39.21	987.44		
26	39.06	1026.50		
27	39.26	1065.76	No Upper Baffle - Not enough room.	
28	39.31	1105.07		
29	39.76	1144.83		
30	38.85	1183.68	← Set Lower Baffle @ 1183.68 ft. Small Hole.	
31	39.39	1223.07		
32	40.1	1263.17		
33	39.32	1302.49		
34	38.52	1341.01		
35	38.19	1379.20	Cement Basket	
36	38.88	1418.08		
37	39.2	1457.28		
38	38.98	1496.26		Use all 39 joints of the sub.
39	38.65	1534.91		
Sub	7.92	1542.83	Tally Bottom	

Miss Top 1411 ft.

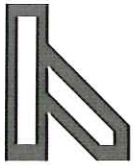
Tally Bottom 1542.83 ft.

Driller TD 1550 ft.

Log Bottom 1550.70 ft.

Put Safety 1st! Teamwork works!!

Ke Reusy  
Sr. Geologist  
620 305-9900  
11-01-2011



**PostRock**  
Energy Corporation

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

AFF#

D11096

**TREATMENT REPORT  
& FIELD TICKET CEMENT**

TICKET NUMBER **7281**  
FIELD TICKET REF#  
FORMAN Nathan Gahman  
AFE D11096  
SSI \_\_\_\_\_  
API \_\_\_\_\_

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-25-12	Schwatken 28-1	28			

FORMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILR #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	11:30	12:00		904850			Nat G
Justin Janson	↓	↓		903255			Justin Janson
Dustin Porter	↓	↓		903600			Dustin Porter
Wes Gahman	↓	↓		903401	932170		Wes G

Jetter  
JOB TYPE Tap off HOLE SIZE \_\_\_\_\_ HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT \_\_\_\_\_  
CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Set up equipment. Topped off well with 2 sks cement. Cleaned up equipment. Cement was down approx 10'

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904850	1	Forman Pickup	
903255	1	Cement Pump Truck	
903600	1	Bulk Truck	
903401	1	Transport Truck	
932170	1	Transport Trailer	
		80 Vac	
		Casing Truck	
		Casing	
		Centralizers	
		Float Shoe	
		Wiper Plug	
		Frac Baffles	
	2 sks	Portland Cement	
		Gilsonite	
		Flo-Seal	
		Premium Gel	
		Cal Chloride	
	3 bbl	City Water	
		KCL	
		KOL Seal	
		Cotton Seed Hulls	

*[Handwritten signature]*

