



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
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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: _____



1095764

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)* _____

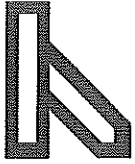
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD 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	EBY 4-12
Doc ID	1095764

All Electric Logs Run

DIL
CDL
NDL
TEMP
GRN



PostRock
Energy Corporation

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

TICKET NUMBER 7354 ✓
FIELD TICKET REF# _____
FORMAN Nathan Cochran
AFE D12003
SSI _____
API _____

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
6-8-12	Eby 4-12						
FORMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILR #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Cochran	11:30	1:30		905525		2	Nat Cochran
Justin Jansen	}	}		903197		2	Justin Jansen
Dustin Porter			903103		2	Dustin Porter	
Chris Mitchell			904735		2	Chris Mitchell	

JOB TYPE Top off HOLE SIZE _____ HOLE DEPTH 80' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING 3/4" OTHER Chris Jones rig crew
 SLURRY WEIGHT _____ SLURRY VOL. 10 skc WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Ran in 80' 3/4" tubing. Circulated well then pumped cement down tubing back to surface. Cleared up and left location.

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
905525	1	Forman Pickup	
903197	1	Cement Pump Truck	
903103	1	Bulk Truck	
		Transport Truck	
		Transport Trailer	
904735	1	80 Vac	
		Casing Truck	
		Casing	
		Centralizers	
		Float Shoe	
		Wiper Plug	
		Frac Baffles	
	<u>10 skc</u>	Portland Cement	
		Gilsonite	
		Flo-Seal	
		Premium Gel	
		Cal Chloride	
	<u>40 bbl</u>	City Water	
		KCL	
		KOL Seal	
		Cotton Seed Hulls	

Air Drilling Specialist
Oil & Gas Wells

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

PO Box 449
Caney, KS 67333

Date Started	5/24/2012
Date Completed	5/30/2012

Well No.	Operator	Lease	A.P.I #	County	State
4-12	Post Rock Energy	EBY	15-205-28015-00-00	Wilson	Kansas

1/4	1/4	1/4	Sec.	Twp.	Rge.
			4	27	15

Driller	Type/Well	Cement Used	Casing Used	Depth	Size of Hole
Brantley	Oil	4	21'8" 8 5/8	1420	7 7/8

Formation Record

0-5	DIRT	806-820	LIME	1145-1205	SANDY SHALE
5-15	SANDY SHALE	820-825	SHALE	1205-1222	SANDY SHALE / DECENT ODOR
15-168	SHALE	825-838	SAND	1222-1236	SAND / REAL GOOD ODOR
168-177	LIME	838-854	SANDY SHALE	1236-1256	SAND / DECENT ODOR
177-180	SHALE	854-855	COAL	1256-1293	SAND / LIGHT ODOR
180-214	LIME	855-902	SANDY SHALE	1293-1344	SHALE
214-284	SHALE	902-903	COAL	1306	GAS TEST - SAME
284-324	LIME	903-926	LIME	1344-1345	COAL
304	GAS TEST - NO GAS	926-928	BLACK SHALE	1345-1348	LIME
324-380	SHALE	928-947	LIME	1348-1352	SHALE
380-391	LIME	930	GAS TEST - NO GAS	1352-1371	LIME (MISS.)
391-393	SHALE	947-961	SHALE	1356	G.T.- 4",1/4"=3.37 MCF
393-409	LIME	955	GAS TEST - NO GAS	1371-1381	CHERTY LIME
409-421	HARD SAND	961-976	LIME (OSWEGO)	1381-1420	LIME
421-509	SANDY SHALE	976-985	BLK SHALE (SUMMIT)	1381	PICKED UP WATER
445	GETTING DAMP	980	GAS TEST - SLIGHT BLOW	1420	GAS TEST - SAME
480	WENT TO WATER	985-1005	LIME	1420	TD
509-587	LIME	1005	GAS TEST - SLIGHT BLOW		
587-594	BLK SHALE (STARK)	1005-1011	BLACK SHALE		
594-596	LIME	1011-1070	SANDY SHALE		
596-609	SANDY SHALE	1055	GAS TEST - SLIGHT BLOW		
604	GAS TEST - NO GAS	1070-1072	LIME		
609-624	LMY SHALE	1072-1081	SHALE		
624-627	BLACK SHALE	1081-1083	LIME (V-LIME)		
627-695	LIME	1083-1084	COAL (CROWBERG)		
695-773	SHALE	1084-1125	SANDY SHALE		
773-774	BLACK SHALE	1105	GAS TEST - SAME		
774-780	LIME	1125-1126	COAL (FLEMING)		
780-806	LMY SHALE	1126-1142	SANDY SHALE		
804	GAS TEST - NO GAS	1142-1145	SANDY SHALE		