



KANSAS CORPORATION COMMISSION 1115156
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: _____



1115156

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) _____

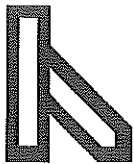
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD 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 (Specify) _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	McCoy, Virginia 30-3
Doc ID	1115156

All Electric Logs Run

GRN
DIL
NDL
TEMP
CDL



PostRock
Energy Corporation

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

TICKET NUMBER 7363
FIELD TICKET REF# _____
FORMAN Nathan Gahman
AFE ~~XXXXXXXXXX~~ 012804
SSI _____
API _____

**TREATMENT REPORT
& FIELD TICKET CEMENT**

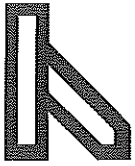
DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-28-12	McCoy 30-3	30			Neosho

FORMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILR #	TRUCK HOURS	EMPLOYEE SIGNATURE
Wes Gahman	12:30	1		903197		3	<i>Wes Gahman</i>
Dustin Porter	1	1		903103		3	<i>Dustin Porter</i>
Nathan Gahman		3:30		904745		3	<i>Nat G</i>

JOB TYPE Top off HOLE SIZE 7 3/4 HOLE DEPTH 15' CASING SIZE & WEIGHT 4 1/2 14#
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL 7 sk WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Topped off well with cement. Also topped off back side of surface pipe. Washed up equipment

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
905575	1	Forman Pickup	
903197	1	Cement Pump Truck	
903103	1	Bulk Truck	
		Transport Truck	
		Transport Trailer	
904745	1	80 Vac	
		Casing Truck	
		Casing	
		Centralizers	
		Float Shoe	
		Wiper Plug	
		Frac Baffles	
	<u>75k</u>	Portland Cement	
		Gilsonite	
		Flo-Seal	
		Premium Gel	
		Cal Chloride	
	<u>30 bbl</u>	City Water	
		KCL	
		KOL Seal	
		Cotton Seed Hulls	



PostRock
Energy Corporation

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

TICKET NUMBER 7360
FIELD TICKET REF# _____
FORMAN Nathan Gahman
AFE D12804
SSI 632080
API 15-133-27593

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER			SECTION	TOWNSHIP	RANGE	COUNTY
9-25-12	McCoy, Virginia 30-3			30	28	19 E	Neosho
FORMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILR #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	6:30	1:30		905525		7	<i>Nathan Gahman</i>
Darrell Chaney	7:45			903197		5.75	<i>Darrell Chaney</i>
Dustin Porter	11:00			903103		2.5	<i>Dustin Porter</i>
Wes Gahman	6:30			903142	932895	7	<i>Wes Gahman</i>
Coy Chism	7			931505	931807	6.5	<i>Coy Chism</i>
Aaron Mattox	7			904730		6.5	<i>Aaron Mattox</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 787 CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH 784.59 DRILL PIPE _____ TUBING _____ OTHER Gas Jones Rig Crew
 SLURRY WEIGHT 13.5 SLURRY VOL 160 sks WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 19.15 DISPLACEMENT PSI 600 MIX PSI 400 RATE 4.5 bpm

REMARKS:
 On location 8:00, Rig crew on location 8:30. Ran in casing. Washed in last 5' washed hole clean. Ready to cement at 10:45. 2 hr wait on bulk truck. Pumped 50 bbl gelswamp then pumped 15 bbl dye. Pumped cement until dye back to surface. Pumped plug down and set float shoe at 900psi. Good cement to surface but fell back. Cleaned up equipment.

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	
931505	1	Transport Truck	
931807	1	Transport Trailer	
904730	1	80 Vac	
903142	1	Casing Truck	
	785'	Casing	
	5	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
		Frac Baffles	
	120 sks	Portland Cement	
	5 sk	Gilco Sodium Silicate	
	1.5 sk	Flo-Seal Cement Fluid Loss	
	5 sk	Premium Gel	
	5 sk	Cal Chloride	
	200 bbl	City Water	
		KCL	
	25 sks	KOL Seal	
		Cotton Seed Hulls	
	1 bc	Thixotropic Additive	

and left location.

Air Drilling Specialist
Oil & Gas Wells

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

PO Box 449
Caney, KS 67333

Date Started	9/19/2012
Date Completed	9/20/2012

Operator	A.P.I.#	County	State
Post Rock	15-133-27593-00-00	Neosho	Kansas

Well No.	Lease	Sec.	Twp.	Rge.
30-3	McCoy, Virginia	30	28	19

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
Oil	Brantley Thornton	4	21'2" 8 5/8	790	7 7/8

Formation Record

0-6	MUD / DIRT	246-253	SANDY LIME	573-575	SHALE / COAL
6-8	MUD / WET	253-265	BROWN LIME	575-577	LIME
8-9	LIME	265-275	SANDY LIME	577-598	SHALE
9-10	SAND	275-284	LIME	598-600	V-LIME (VERDIGRIS)
10-16	LIME	284-285	COAL	600-602	BLACK SHALE
16-17	SHALE	285-295	SANDY LIME/SHALE	602-604	COAL (CROWBERG)
17-18	LIME	295-297	LIME	604-637	SANDY SHALE
18-22	LIME	297-366	SANDY SHALE	605	G.T.-1.5",3/8"= 4.5 MCF
22-41	LIME	366-368	BLACK SHALE	637-640	BLACK SHALE
41-62	SANDY LIME	368-373	LIME (PAWNEE)	640-642	COAL (FLEMING)
62-74	SHALE	373-377	BLACK SHALE	642-644	BLACK SHALE
74-76	LIME	377-400	LIME	644-655	SANDY SHALE
76-78	SANDY SHALE	400-401	BLACK SHALE	655-656	COAL
78-79	COAL	401-412	LIME	656-668	SANDY SHALE
79-86	SANDY SHALE	412-415	BLACK SHALE (LEXINGTON)	659	CORE POINT
86-107	LIME	415-454	SANDY SHALE	659-689	CORE
107-121	SANDY SHALE	430	GAS TEST - NO BLOW	668-671	SAND
121-132	LIME	454-455	COAL	671-675	SAND /SLIGHT BLEED
132-133	SANDY SHALE/DAMP	455-477	LIME (OSWEGO)	675-685	SANDY SHALE/SMALL BLEED
133-150	BLACK SHALE /DAMP	477-478	BLACK SHALE	685-689	DARK SHALE
150-156	LIME	478-479	LIME	660-680	PICKED UP H2O IN CORE
156-162	SHALE	479-487	BLACK SHALE (SUMMIT)	673-682	GOOD BLEED IN PIT
162-188	LIME	487-493	LIME	689-720	SHALE
162	WENT TO WATER	493-501	BLK SHALE (MULKY)	720-721	COAL
188-194	BLACK SHALE	501-506	LMY SHALE	721-760	SANDY SHALE
194-195	BLK SHALE /COAL	505	G.T.-1.5",1/4"= 2.1 MCF	760-762	COAL
195-205	BLACK SHALE	506-565	SANDY SHALE	762-790	SHALE
205-244	SANDY SHALE	565-567	LIME	790	TD
244-245	LIME	567-572	SHALE		
245-246	COAL	572-573	LIME		