



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



1115175

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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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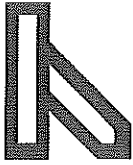
<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other (Specify) _____ <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	WILTSE, MORRIS 15-3
Doc ID	1115175

All Electric Logs Run

GRN
DIL
CDL
NDL
TEMP





**PostRock**  
Energy Corporation

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

TICKET NUMBER APR 7364 ✓  
FIELD TICKET REF# \_\_\_\_\_  
FORMAN Nathan Gahman  
AFE D12005  
SSI \_\_\_\_\_  
API \_\_\_\_\_

**TREATMENT REPORT  
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-1-12	Wiltse, Morris 15-3	15			Wilson

FORMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILR #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	11:30	2:00		904805		2.5	Nat Gah
Wes Gahman	12:00			903197		2	Wes Gah
Dustin Porter	11:30			903103		2.5	Dustin Porter
Aaron Mattox	12:00			904730		2	A Mattox

JOB TYPE Top off HOLE SIZE 7 7/8 HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT 5 1/2 - 14 #  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL 15 sk WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Topped well off with cement. Cleaned up equipment and left location.

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904805	1	Forman Pickup	
903197	1	Cement Pump Truck	
903103	1	Bulk Truck	
		Transport Truck	
		Transport Trailer	
904730	1	80 Vac	
		Casing Truck	
		Casing	
		Centralizers	
		Float Shoe	
		Wiper Plug	
		Frac Baffles	
	15 sk	Portland Cement	
		Gilsonite	
		Flo-Seal	
		Premium Gel	
		Cal Chloride	
	30 bbl	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	<b>9/21/2012</b>
Date Completed	<b>9/24/2012</b>

Operator	A.P.I #	County	State
<b>Post Rock</b>	<b>15-205-28045-00-00</b>	<b>Wilson</b>	<b>Kansas</b>

Well No.	Lease	Sec.	Twp.	Rge.
<b>15-3</b>	<b>Wiltse, Morris</b>	<b>15</b>	<b>28</b>	<b>16</b>

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
<b>Oil</b>	<b>Brantley Thornton</b>	<b>5</b>	<b>22'3" 8 5/8</b>	<b>1232</b>	<b>7 7/8</b>

### Formation Record

0-4	DIRT	524-550	LIME	952-954	LIME
4-20	LIME	550-555	SANDY SHALE	954-980	SANDY SHALE
20-22	SHALE	555-556	LIME	956	GAS TEST - SAME
22-125	SHALE	556-562	SANDY SHALE	980-981	LIME
125-140	LIME	562-564	LIME	981-982	COAL
140-235	SANDY SHALE	564-567	BLACK COAL	982-1002	SANDY SHALE
235-240	SANDY LIME	567-620	SANDY SHALE	982	G.T.-3 1/2", 3/8"= 6.6 MCF
240-245	LIME	620-624	LIME	1002-1003	LMY SHALE
245-253	SANDY SHALE	624-633	SANDY SHALE	1003-1012	SHALE
253-320	SAND / DAMP	633-636	LIME	1012-1014	LMY SHALE
320-325	SANDY SHALE	636-650	SANDY SHALE	1014-1022	SANDY SHALE
325-335	SHALE / SAND	650-660	LIME	1022-1032	SAND
335-365	SHALE	660-672	SANDY SHALE	1032-1033	BLACK SHALE
365-366	BLACK SHALE	672-762	SAND / LIGHT ODOR	1033-1045	SANDY SHALE
366-405	SANDY SHALE	762-764	COAL	1045-1046	BLACK SHALE
405-434	LIME	764-781	LIME (PAWNEE)	1046-1069	SAND
405	WENT TO WATER	781-782	COAL	1069-1071	LMY SHALE
434-440	BLK SHALE / COAL	782-831	SANDY SHALE	1071-1100	BLACK SHALE
440-442	LIME	831-848	LIME (OSWEGO)	1100-1102	COAL
442-444	SANDY SHALE	848-855	BLK SHALE (SUMMIT)	1102-1110	SHALE
444-471	SAND	855-865	LIME/856-G.T.-1 1/2",3/8"= 4.5MCF	1110-1125	SANDY SHALE
471-475	LIME	865-873	BLK SHALE (MULKY)	1125-1031	SAND
475-487	SHALE	873-876	LIME	1031-1047	DARK SAND / LT ODOR
487-490	LIME	876-885	SANDY SHALE	1047-1167	SAND / WATER SAND
490-491	COAL	881	GAS TEST - SAME	1167-1169	COAL
491-499	SHALE	885-934	SAND / LIGHT ODOR	1169-1194	SAND
499-504	LIME	934-936	COAL	1194-1195	COAL
504-510	BLACK SHALE	936-948	SANDY SHALE	1195-1212	SAND
510-523	LIME	948-949	LIME	1212-1216	CHERTY LIME
523-524	COAL	949-952	COAL / BLK SHALE	1216-1232	TD, GAS TEST - SAME