



KANSAS CORPORATION COMMISSION 1115200
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: _____



1115200

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 4-13
Doc ID	1115200

All Electric Logs Run

GRN
DIL
CDL
NDL
TEMP



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 253338

Invoice Date: 09/30/2012 Terms: 0/0/30,n/30 Page 1

POST ROCK ENERGY
ATTN: ACCOUNTS PAYABLE
210 PARK AVE, SUITE 2750
OKLAHOMA CITY OK 73102
(405) 702-7435

EBY 4-13
35527
09-28-12
PO JMO92512-2
KS

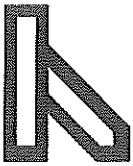
Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	175.00	14.9500	2616.25
1102	CALCIUM CHLORIDE (50#)	329.00	.7400	243.46
1111A	SODIUM METASILICATE	329.00	2.0000	658.00
1135A	FL- 115 (FLUID LOSS)	83.00	10.5500	875.65
1110A	KOL SEAL (50# BAG)	1750.00	.4600	805.00

Description	Hours	Unit Price	Total
520 CEMENT PUMP	1.00	1030.00	1030.00
520 EQUIPMENT MILEAGE (ONE WAY)	10.00	4.00	40.00
611 TON MILEAGE DELIVERY	378.00	1.34	506.52

Parts: 5198.36 Freight: .00 Tax: 327.50 AR 7102.38
 Labor: .00 Misc: .00 Total: 7102.38
 Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-2227 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914



PostRock
Energy Corporation

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

TICKET NUMBER 7368
FIELD TICKET REF# _____
FORMAN _____
AFE D12-004
SSI _____
API _____

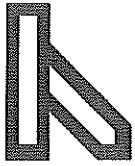
**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER			SECTION	TOWNSHIP	RANGE	COUNTY
9-28-12	Shy 4-13			13	27.5	158	Wilson
FORMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILR #	TRUCK HOURS	EMPLOYEE SIGNATURE
Darrell Cherry	1:00	5:30		904775		4.5	<i>[Signature]</i>
Bobbie R.ve		5:45		903842	932705	4.75	<i>[Signature]</i>
Cody Dean		4:30		904735		3.5	<i>[Signature]</i>
Ryan Hays		5:00		903414	932705	4	<i>[Signature]</i>

JOB TYPE Long String HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH 2000 PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Had to re tally casing. Decided to run sub of 11.85 and leave joint # 24 out (38.8)
Washed in ten ft.

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904775	1	Forman Pickup	
		Cement Pump Truck	
		Bulk Truck	
903414	1	Transport Truck	
932705	1	Transport Trailer	
904735	1	80 Vac	
903842	1	Casing Truck	
		Casing	
	7	Centralizers	
		Float Shoe	
		Wiper Plug	
		Frac Baffles	
		Portland Cement	
		Gilsonite	
		Flo-Seal	
	500 lbs	Premium Gel	
		Cal Chloride	
	150 bbls	City Water	
		KCL	
		KOL Seal	
		Cotton Seed Hulls	



PostRock
Energy Corporation

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

TICKET NUMBER 7361 ✓
FIELD TICKET REF# _____
FORMAN Nathan Gahman
AFE D12004
SSI _____
API _____

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
9-25-12	Eby 4-13		4			Wilson	
FORMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILR #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	1:30	3:30		905575		2	<i>[Signature]</i>
Darrell Chmcy		3:30		903197		2	<i>[Signature]</i>
Wes Gahman		4:00		Training		2.5	<i>[Signature]</i>
Dustin Porter		4:00		903103		2.5	<i>[Signature]</i>
Avron Mattox		4:00		904730		2.5	<i>[Signature]</i>

JOB TYPE Surface casing HOLE SIZE 10 7/8 HOLE DEPTH 63 CASING SIZE & WEIGHT 8.625
 CASING DEPTH 65 DRILL PIPE _____ TUBING _____ OTHER Thornton Drill crew
 SLURRY WEIGHT 13.5 SLURRY VOL. 31 sks WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 2 bbl DISPLACEMENT PSI 300 MIX PSI 300 RATE 4.5 bpm

REMARKS:
Set up on location at 2:30 Pumped water to circulate well after we got circulation started cement pumped cement to surface. Then displaced with 2 bbl of water. Cleaned up equipment and left location

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	
904730	1	80 Vac	
		Casing Truck	
		Casing	
		Centralizers	
		Float Shoe	
		Wiper Plug	
		Frac Baffles	
	<u>25 sks</u>	Portland Cement	
		Gilsonite	
	<u>12 lbs</u>	Flow Seal Cement Fluid Loss	
		Premium Gel	
	<u>1 sks</u>	Cal Chloride	
	<u>60 bbl</u>	City Water	
		KCL	
	<u>5 sks</u>	KOL Seal	
		Cotton Seed Hulls	
	<u>1 sk</u>	Sodium Silicate	
	<u>2.5 lbs</u>	Thixotropic Additive	

Air Drilling Specialist
Oil & Gas Wells

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

PO Box 449
Caney, KS 67333

Date Started	9/25/2012
Date Completed	9/27/2012

Operator	A.P.I #	County	State
Post Rock	15-205-28044-00-00	Wilson	Kansas

Well No.	Lease	Sec.	Twp.	Rge.
4-13	EBY	4	27	15

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
Oil	Brantley Thornton	Rig Cement	65' 8 5/8	1307	7 7/8

Formation Record

0-11	DIRT	524-550	LIME	1002-1003	BLK SHALE / COAL
11-44	SHALE	530	GAS TEST - SAME	1003-1021	SHALE
44-53	LIME	550-590	DARK LIME	1021-1023	BLACK SHALE
53-58	SANDY SHALE	590-639	DAARK SHALE	1023-1027	SANDY SHALE
58-62	LIME	639-663	SAND	1027-1032	COAL / BLK SHALE
62-63	SAND	663-700	LMY SAND	1032-1042	SHALE
63-65	LIME	700-778	SANDY SHALE	1042-1052	SANDY SHALE
65-92	LIME	778-781	BLK SHALE / COAL	1052-1078	BLACK SHALE
92-165	SANDY SHALE	781-786	BROWN LIME	1078-1087	SANDY SHALE
165-202	LIME	786-791	BLK SHALE / COAL	1087-1100	SAND
202-249	SHALE	791-816	LIME (PAWNEE)	1100-1110	DARK SAND
249-259	LIME	805	GAS TEST - SAME	1110-1120	SAND
259-265	SHALE	816-820	BLK SHALE (LEXINGTON)	1120-1125	SANDY SHALE
265-274	LIME	820-840	SHALE	1125-1142	SANDY SHALE
274-303	SAND / DAMP	840-847	SAND	1142-1150	SAND
303-315	LMY SAND	847-862	LIME (OSWEGO)	1150-1152	COAL
315-371	DARK SAND / DAMP	862-868	BLK SHALE (SUMMIT)	1152-1165	SAND/GOOD SHOW
371-383	LMY SHALE	868-871	LIME	1165-1180	SAND/PICKED UP H2O @1165
380	WENT TO WATER	871-872	COAL (MULKY)	1180-1182	LIME BROWN
383-392	SHALE	872-873	LIME	1182-1210	DARK SHALE
392-396	LIME	873-946	SANDY SHALE	1210-1211	BLK SHALE / COAL
396-400	SANDY SHALE	881	GAS TEST - SAME	1211-1227	DARK SHALE
400-471	LIME	946-948	COAL/ BLK SHALE (BEVEIR)	1227-1229	COAL
471-480	SHALE	948-960	SHALE	1229-1258	CHERTY LIME/CHAT (MISS.)
480-	G.T.-4", 3/8"= 7.15 MCF	960-962	LIME (V-LIME)	1258-1268	BROWN LIME
480-485	LIME	962-964	BLK SHALE (CROWBERG)	1268-1273	CHERTY LIME
485-494	SHALE	964-986	SANDY SHALE	1273-1302	CHAT / LIME
494-497	LIME	981	GAS TEST - SAME	1302-1307	BROWN LMY CHERT
497-519	SDY LIME /LIGHT ODOR	986-988	LIME	1307	GAS TEST - SAME
519-524	BLACK SHALE	988-1002	SHALE	1307	TD