



KANSAS CORPORATION COMMISSION 1115218  
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: \_\_\_\_\_



1115218

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)* \_\_\_\_\_

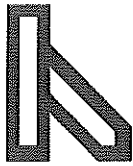
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD 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	GROSDIDIER, FRANCIS E 15-3
Doc ID	1115218

All Electric Logs Run

DIL
CDL
NDL
TEMP
GRN



**PostRock**  
Energy Corporation

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

TICKET NUMBER 92 7370 ✓  
FIELD TICKET REF# \_\_\_\_\_  
FORMAN Nathan Gohman  
AFE D12006  
SSI \_\_\_\_\_  
API 15-133-27597

**TREATMENT REPORT  
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
10-4-12	Grosdidier, Francis E. 15-3		15	28R	20 E	Neosho	
FORMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILR #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gohman	3:00	7:30		905575		4.5	<i>[Signature]</i>
Derrill Chaney		7:00		903197		4	<i>[Signature]</i>
Dustin Porter		7:15		903600		4.25	<i>[Signature]</i>
Wes Gohman		7:00		903401	932705	4	<i>[Signature]</i>
Angus Mattox		7:00		931575		4	<i>[Signature]</i>
Bohny Rice	8:00	7:00		903142	932895	11	<i>[Signature]</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 609 CASING SIZE & WEIGHT 5 1/2 14#  
 CASING DEPTH 601.25 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER Gus Jones  
 SLURRY WEIGHT 13.5 SLURRY VOL 130 sk WATER gal/sk \_\_\_\_\_ CEMENT LEFT IN CASING 0  
 DISPLACEMENT 14.6 bbl DISPLACEMENT PSI 600 MIX PSI 400 RATE 4.5 bpm

REMARKS:  
Washed in approx 6' casing then ran 40 bbl gel sweep. Pumped 10 bbl dye then pumped cement until dye back to surface. Pumped and loaded plug, set float shoe. Held 800 psi for 5 min. Released, washed up equipment (Drove to location from Sedg)

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
905575	1	Forman Pickup	
903197	1	Cement Pump Truck	
903600	1	Bulk Truck	
903461	1	Transport Truck	
932705	1	Transport Trailer	
	1	80 Vac	
903142	1	Casing Truck	
	601.25'	Casing	
	4	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
		Frac Baffles	
	100 sks	Portland Cement	
	4 sks	<del>Gilco</del> Sodium Silicate	
	1 sk	<del>Flow Seal</del> Cement Fluid Loss	
	4 sks	Premium Gel	
	4 sks	Cal Chloride	
	150 bbl	City Water	
	10 lbs	<del>KOL</del> Thixotropic Additive	
	20 sks	KOL Seal	
		Cotton Seed Hulls	
932895	1	Casing trailer	

Air Drilling Specialist  
Oil & Gas Wells

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

PO Box 449  
Caney, KS 67333

Date Started	<b>10/1/2012</b>
Date Completed	<b>10/2/2012</b>

Operator	A.P.I #	County	State
<b>Post Rock</b>	<b>15-133-27597-00-00</b>	<b>Neosho</b>	<b>Kansas</b>

Well No.	Lease	Sec.	Twp.	Rge.
<b>15-3</b>	<b>Grosdidier, Francis E</b>	<b>15</b>	<b>28</b>	<b>20</b>

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
<b>Oil</b>	<b>Brantley Thornton</b>	<b>4</b>	<b>22' 8 5/8</b>	<b>610</b>	<b>7 7/8</b>

**Formation Record**

0-8	DIRT	401-421	SANDY SHALE		
8-10	LIME	421-422	LIME		
10-12	LMY SHALE	422-425	COAL (CROWBERG)		
12-15	BLK SHALE	425-428	SHALE		
15-22	BLK SHALE	428-430	COAL		
22-25	SHALE	430-444	SANDY SHALE		
25-28	LIME	444-456	SAND		
28-75	SANDY SHALE	456-457	COAL		
75-120	LIME	457-469	SANDY SHALE		
120-143	SHALE	469-470	COAL		
143-158	SAND / DAMP	470-476	SANDY SHALE		
158-162	SHALE	476-477	LIME		
162-170	SAND	477-494	SAND/ (CATTLEMAN) GOOD ODOR & SHOW		
170-174	SANDY SHALE	494-509	SANDY SHALE /NO ODOR		
174-188	SHALE	509-511	COAL		
188-190	LIME	511-524	SANDY SHALE		
190-202	SANDY LIME	524-543	SAND/ NO ODOR		
202-205	BLK SHALE / COAL	543-544	COAL		
205-275	SANDY SHALE	544-553	SHALE		
275-276	COAL	553-555	COAL		
276-279	SANDY SHALE	555-567	BLACK SHALE		
279-300	LIME (OSWEGO)	567-569	LIME		
300-306	BLACK SHALE (SUMMIT)	569-582	SANDY SHALE		
306-311	LIME	582-584	COAL		
311-314	BLK SHALE (MULKY)	584-599	SANDY SHALE		
314-325	SANDY SHALE	599-600	COAL		
325-395	SHALE	600-610	SANDY SHALE		
395-396	LIME	610	GAS TEST - NO GAS		
396-399	BLACK SHALE	610	TD		
399-401	COAL (BEVIER)				