



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1115228
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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
- Plug Back Conv. to GSW Conv. to Producer
- 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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1115228

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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 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				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
 Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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)* _____

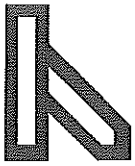
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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	MARPLE LIV TRUST 5-2
Doc ID	1115228

All Electric Logs Run

DIL
CDL
NDL
TEMP
GRN



PostRock
Energy Corporation

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

1

TICKET NUMBER 7374
FIELD TICKET REF# _____
FORMAN Nathan Gohman
AFE D12009
SSI 632250
API 15-205-28049-00-00

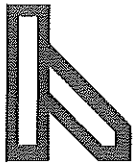
**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
10-25-12	Maple 5-2		5	285	17E	Wilson	
FORMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILR #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gohman	8:00	2:30		905575		6.5	<i>Nathan Gohman</i>
Darrell Chaney				903197			<i>Darrell Chaney</i>
Cody Dean				903600			<i>Cody Dean</i>
Wes Gohman				903401	932170		<i>Wes Gohman</i>
Ryan Hays				931385	931387		<i>Ryan Hays</i>
Chris Mitchell				904735			<i>Chris Mitchell</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 1131 CASING SIZE & WEIGHT 5 1/2 14#
 CASING DEPTH 1122.03 DRILL PIPE _____ TUBING _____ OTHER Gus Jones rig
 SLURRY WEIGHT 13.5 SLURRY VOL. 182 sks WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 27.4 DISPLACEMENT PSI 950 MIX PSI 400 RATE 4.5

REMARKS:
Casing loaded on truck wrong, Retallied then started running down hole at 10:00, Washed in approx 15' washd T.D, started pumping cement at 10:00. Bulk truck broke down before starting gel. Start pumping cement at 2:00. Pumped 60 bbl gel swapp. Then ran 18.25 bbl dye.

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	
903401 / 931385	2	Transport Truck	
931387 / 931387	2	Transport Trailer	
904735	1	80 Vac	
903142	1	Casing Truck	
	1122.03'	Casing	
	6	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	-	Frac Baffles	
	150 sks	Portland Cement	
		Gilsonite	
	1.5 sks	Flow Seal Cement Fluid loss	
	6 sks	Premium Gel	
	6 sks	Cal Chloride	
	200 bbl	City Water	
	6 sks	KOL Seal Sodium Silicate	
	30 sks	KOL Seal	
	14 lbs	Cotton Seed Hulls Thixotropic Additive	
932895	1	Casing trailer	



PostRock
Energy Corporation

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

2

TICKET NUMBER 7376
FIELD TICKET REF# _____
FORMAN Nathan Grahm
AFE 012009
SSI 632250
API 15-205-28049-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER			SECTION	TOWNSHIP	RANGE	COUNTY
10-25-12	Marple 5-2						
FORMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILR #	TRUCK HOURS	EMPLOYEE SIGNATURE

JOB TYPE Long string HOLE SIZE 7 7/8 HOLE DEPTH 1131 CASING SIZE & WEIGHT 5 1/2 14#
 CASING DEPTH 1122.03 DRILL PIPE _____ TUBING _____ OTHER Gus Jones
 SLURRY WEIGHT 13.5 SLURRY VOL 182 sks WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 27.4 DISPLACEMENT PSI 950 MIX PSI 400 RATE 4.5

REMARKS:
Pumped 182 sks slurry. Ran bulk truck but did not get dye to surface. Launched plug, cement began to flash on US while pumping plug. Casing stuck up approx 4' out of hole. Set float shoe and held 1200 psi for two min. Did not get cement to surface. Washed up and left location. Excellent oil show while running casing

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

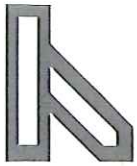
Marple 5-2

API-15-205-28049-00-00

Pipe #	Length	Running Total	Baffle Location	PostRock Energy- Casing Tally Sheet
1	39.18	39.18		Date: 10/16/2012
2	39.36	78.54		Well Name & #: Marple LT 5-2
3	38.5	117.04		Township & Range: 28S-17E
4	38.84	155.88		County/State: Wilson/ Kansas
5	39.31	195.19		SSI#: 632250
6	38.58	233.77		AFE#: D12009
7	39	272.77		Road Location:
8	39.27	312.04		API#:
9	38.1	350.14		Comments: Projected TD- 1093'
10	38.22	388.36		
11	40.18	428.54		Added 4 subs (29-32) 29) 19.65 30) 9.85 31) 8.64 32) 9.90
12	39.52	468.06		
13	39.34	507.4		
14	38.55	545.95		
15	38.88	584.83		Added these subs for flexibility to adjust to actual TD
16	38.21	623.04		
17	38.62	661.66		TD-1131' Centralizers - 6
18	38.48	700.14		
19	38.5	738.64		Joint 31 To Marple 5-3
20	39.15	777.79		
21	39.98	817.77		
22	40.18	857.95		
23	38.19	896.14		
24	39.1	935.24		
25	39.94	975.18		
26	39.6	1014.78		
27	40	1054.78		
28	37.75	1092.53		
29	19.65	1112.18		
30	9.85	1122.03		
31	8.64	1130.67		
32	9.9	1140.57		
33				
34				
35				
36				
37				
38				
39				
40				
41				

PostRock Energy Corp.

Troy



PostRock
Energy Corporation

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

TICKET NUMBER **7401**
FIELD TICKET REF# _____
FORMAN Jerry Lester
AFE D12009
SSI 632250
API _____

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-31-12	Marple 5-2				

FORMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILR #	TRUCK HOURS	EMPLOYEE SIGNATURE
Jerry Lester	7:00	10:30				3 1/2	<i>Jerry Lester</i>
W. S. Brahman	6:30	↓		903400	932170	4	<i>W. S. Brahman</i>
LARRY PENNICK	6:30	↓		903600		4	<i>Larry Pennick</i>
Darrel Cherry	7:00					3 1/2	<i>Darrel Cherry</i>

JOB TYPE Top off HOLE SIZE 3.5" HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14# SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Rigged up on location with a Kepley pulling unit. Ran 3/4" pipe down the backside to approximately 150' tied on to wash head and pumped the backside full of cement. Pulled 3/4" out and washed 3/4" pipe and all equipment ~~and~~ using app. 305X of Cement. Waited on 3/4" elevators for app. 1 hr.

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	
903400	1	Transport Truck	
932170	1	Transport Trailer	
		80 Vac	
		Casing Truck	
		Casing	
		Centralizers	
		Float Shoe	
		Wiper Plug	
		Frac Baffles	
	305X	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	10/17/2012
Date Completed	10/22/2012

Operator	A.P.I #	County	State
Post Rock Energy	15-205-28049-00-00	Wilson	Kansas

Well No.	Lease	Sec.	Twp.	Rge.
5-2	Marple Living Trust	5	28	17

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
Oil	Brantley Thornton	5	22' 8 5/8	1131	7 7/8

Formation Record

0-6	MUD	503-511	SANDY SHALE	876-910	SAND
6-8	SANDY SHALE	511-512	LIME	910-928	SHALE
8-9	LIME	512-513	SHALE	928-929	COAL
9-95	SHALE	513-522	LIME	929-931	SHALE
95-110	LIME	522-524	SANDY SHALE	931-932	COAL
110-210	SAND / WET	524-528	LIME	932-937	SHALE
210-220	LIME	528-614	SAND	937-938	COAL (WIER)
220-228	SHALE	614-618	LIME	938-948	SANDY SHALE
228-300	LMY SHALE	618-622	BLACK SHALE	948-949	COAL
230	WENT TO WATER	622-633	LIME (PAWNEE)	949-970	SANDY SHALE
300-305	SHALE	633-634	BLACK SHALE	963	CORE POINT
305-308	LIME	634-645	LIME	970-986	SAND
308-318	SHALE	645-646	BLACK SHALE	986-1010	SAND/
318-337	DARK SAND	646-650	SANDY SHALE	1010-1027	SANDY SHALE
337-344	LIME	650-652	LIME	1027-1030	COAL
344-345	COAL	652-672	SANDY SHALE	1030-1106	SAND
345-350	LMY SAND	672-690	LIME (OSWEGO)	1106-1116	SAND/ GOOD SHOW IN PIT
350-352	LIME	690-698	BLK SHALE / COAL	1116-1118	COAL
352-360	SHALE	698-702	LIME	1118-1131	BLACK SHALE
360-370	LIME	702-707	BLK SHALE / COAL (MULKY)	1131	TD
370-385	LMY SHALE	707-721	SANDY SHALE		
385-387	LIME	721-811	SAND		
387-389	SHALE	811-813	LIME		
389-397	LIME	813-822	SANDY SHALE		
397-431	SANDY SHALE	822-823	LIME		
431-438	LIME	823-830	SANDY SHALE		
438-481	SANDY SHALE	830-868	SAND		
481-483	LIME	868-872	LIME		
483-500	SANDY SHALE	872-874	SHALE		
500-503	LIME	874-876	SAND		

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

February 12, 2013

CLARK EDWARDS
PostRock Midcontinent Production LLC
Oklahoma Tower
210 Park Ave, Ste 2750
OKLAHOMA CITY, OK 73102

Re: ACO1
API 15-205-28049-00-00
MARPLE LIV TRUST 5-2
SE/4 Sec.05-28S-17E
Wilson County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
CLARK EDWARDS