



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1115249
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: _____



1115249

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	GREVE, RICHARD N 29-2
Doc ID	1115249

All Electric Logs Run

CBL
DIL
CDL
NDL
TEMP

Air Drilling Specialist
Oil & Gas Wells

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

PO Box 449
Caney, KS 67333

Date Started	10/23/2012
Date Completed	10/26/2012

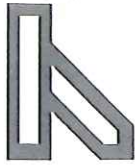
Operator	A.P.I #	County	State
Post Rock Energy	15-133-27601-00-00	Neosho	Kansas

Well No.	Lease	Sec.	Twp.	Rge.
29-2	Greve, Richard	29	27	19

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
Oil	Brantley Thornton	5	22' 3" 8 5/8	906	6 3/4

Formation Record

0-1	DIRT	543-573	SAND		
1-10	RED CLAY	573-575	COAL (BEVIER)		
10-15	RED SAND	575-579	SANDY SHALE		
15-30	SANDY CLAY	579-591	SAND		
30-83	LIME	591-594	COAL		
83-115	SANDY LIME	594-615	SANDY SHALE		
115-120	SHALE	615-616	COAL (FLEMING)		
120-127	DARK SAND / DAMP	616-626	SAND		
127-229	SHALE	626-643	SAND / HARD		
229-269	SANDY LIME	643-651	SAND/ GOOD ODOR		
269-271	COAL	651-656	SAND / LT ODOR		
271-329	LIME	656-661	SAND/DARK, STRONG ODOR		
329-331	COAL	661-665	SAND/LT, LT ODOR		
331-371	SANDY SHALE	665-695	SAND/ FAINT ODOR		
371-372	COAL	695-700	SAND/ ODOR		
372-419	LIME (PAWNEE)	700-711	SAND/ NO ODOR		
419-423	BLACK SHALE	711-715	LMY SAND/HARD, GOOD ODOR		
423-425	LIME	715-725	SAND/ GOOD ODOR		
425-438	BLACK SHALE	725-726	LIME		
438-450	SANDY LIME	726-795	SANDY SHALE		
450-460	BLACK SHALE	795-803	DARK SAND/ODOR		
460-461	COAL	803-807	LT SAND/ NO ODOR		
461-476	LIME (OSWEGO)	807-819	SAND/ DARK, GOOD ODOR		
476-479	SANDY SHALE	819-842	SANDY SHALE		
479-484	COAL (SUMMIT)	842-862	SUGAR SAND / WET		
484-492	LIME	856	WENT TO WATER		
492-498	BLK SHALE (EXCELLO)	862-902	SHALE		
498-499	COAL (MULKY)	902-906	COAL (RIVERTON)		
499-541	SANDY SHALE	906	TD		
541-543	COAL				



PostRock
Energy Corporation

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

#1

TICKET NUMBER **7382**
FIELD TICKET REF# _____
FORMAN Nathan Gahman
AFE D12007
SSI _____
API 15-133-27601-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

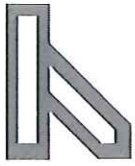
DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-30-12	Greve, Richard 29-2	29	27S	19E	Neosho

FORMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	6:15	11:30		905575		5.25	Nat G
Wes Gahman	6:30			903197		5	Wes G
Colby Desa	7:00			903600		4.5	Colby
Robert Rice	6:30			903142		5	Rob Rice
Ryan Hays	6:30			931385	931590	5	Ryan Hays
Joe Rogers	6:45	10:00		931585	931387	3.75	Joe Rogers

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 906' CASING SIZE & WEIGHT 5 1/2 14#
 CASING DEPTH 901.44 DRILL PIPE _____ TUBING _____ OTHER 60S Jones Rig
 SLURRY WEIGHT 13.5 SLURRY VOL 160 sks WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 22 bbl DISPLACEMENT PSI 800 MIX PSI 400 RATE 4.5

REMARKS:
Loaded materials Set up on location at 7:30, Rig crew on location at 8:15, Started running casing at 8:45, Washed in approx 35' of last joint, Washed T.D. done washing at 10:00, Sent in water trucks to reload. Started gel sweep at 10:30, Ran 60 bbl gel with 1sk cotton seed hulls.

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	
31585 / 931385	2	Transport Truck	
31387 / 931590	2	Transport Trailer	
904745	1	80 Vac	
903142	1	Casing Truck	
	901.44'	Casing	
	5	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
		Frac Baffles	
	125 sks	Portland Cement	
	12 lbs	Gilconite Thixotropic Additive	
	5 sks	Elco Sodium Silicate	
	6 sks	Premium Gel	
	5 sks	Cal Chloride	
	200 bbl	City Water	
	1 sk	Cement Fluid Loss	
	25 sks	KOL Seal	
	1 sk	Cotton Seed Hulls	
932895	1	Casing trailer	



PostRock
Energy Corporation

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

2

TICKET NUMBER **7383**
FIELD TICKET REF# _____
FORMAN Nathan Gorman
AFE D12007
SSI _____
API _____

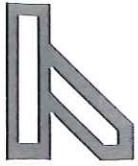
**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
10-30-12	Greve, Richard 29-2		29	27S	19E	Neosho	
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 906' CASING SIZE & WEIGHT 5 1/2 14#
 CASING DEPTH 901.44 DRILL PIPE _____ TUBING _____ OTHER Cug Jones rig
 SLURRY WEIGHT 13.5 SLURRY VOL 160 sks WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 22 bbl DISPLACEMENT PSI 800 MIX PSI 400 RATE 4.5

REMARKS:
Pumped 14.5 bbl dye then pumped 160 sks cement to get dye to surface. Cleaned pump then launched plug. Pumped plug to T.D. set float shoe 1000 psi for 2 min. Washed up equipment and left location. Slight oil show while washing in casing. Cement fell back very slowly.

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	



PostRock
Energy Corporation

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

TICKET NUMBER **7404**
FIELD TICKET REF# _____
FORMAN Jerry Lester
AFE 012007
SSI _____
API _____

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-31-12	Greve, Richard 29-2				Neosho

FORMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILR #	TRUCK HOURS	EMPLOYEE SIGNATURE
Jerry Lester	11:15	1:30		905575		2 1/4	<i>[Signature]</i>
Darrell Chappoy		1:30		903197		2 1/4	<i>[Signature]</i>
Wes Graham		1:00		903400	932170	2 1/4	<i>[Signature]</i>
LARRY REMER		1:00		903600		2 1/4	<i>[Signature]</i>

JOB TYPE Top off HOLE SIZE _____ 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 to top off well. Mixed up a good 14# cement into the pit then topped off the backside of the well using 15-sx of cement total. Cleaned up equipment and rigged down off location.

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	
932705	1	Transport Trailer	
		80 Vac	
		Casing Truck	
		Casing	
		Centralizers	
		Float Shoe	
		Wiper Plug	
		Frac Baffles	
	<u>15sx</u>	Portland Cement	
		Gilsonite	
		Flo-Seal	
		Premium Gel	
		Cal Chloride	
	<u>20bbl.</u>	City Water	
		KCL	
		KOL Seal	
		Cotton Seed Hulls	

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 15-133-27601-00-00
GREVE, RICHARD N 29-2
NE/4 Sec.29-27S-19E
Neosho 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