



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1115298
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: _____



1115298

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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 29-3
Doc ID	1115298

All Electric Logs Run

CBL
DIL
CDL
NDL
TEMP

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 15-133-27602-00-00
GREVE, RICHARD N 29-3
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

Air Drilling Specialist
Oil & Gas Wells

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

PO Box 449
Caney, KS 67333

Date Started	10/26/2012
Date Completed	10/29/2012

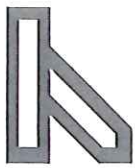
Operator	A.P.I #	County	State
Post Rock Energy	15-133-27602-00-00	Neosho	Kansas

Well No.	Lease	Sec.	Twp.	Rge.
29-3	Greve, Richard	29	27	19

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
Oil	Brantley Thornton	5	22' 7" 8 5/8	882	6 3/4

Formation Record

0-10	MUD	454-455	BLACK SHALE	762-763	HARD STREAK
10-13	SANDY CLAY	455-500	SHALE	763-772	SANDY SHALE
13-70	LIME	500-502	LIME	772-785	SHALE
70-77	SAND / DAMP	502-508	BLACK SHALE	785-810	SUGAR SAND / WET
77-81	SAND	508-509	LIME	806	WENT TO WATER
81-181	SANDY SHALE	509-526	SHALE	810-814	COAL
181-190	LIME	526-527	LIME	814-828	CHERTY SAND
190-224	SAND	527-529	SHALE	828-871	SANDY SHALE
224-26	COAL	529-530	COAL (BEVIER)	871-872	COAL (RIVERTON)
226-235	SANDY LIME	530-549	SANDY SHALE	872-881	SHALE
235-245	LIME	549-553	BLK SHALE (CROWBERG)	881-882	CHAT (MISS.)
245-250	SHALE	553-563	SANDY SHALE	882	TD
250-252	COAL/ BLK SHALE	563-564	LIME		
252-260	LIME	564-570	SANDY SHALE		
260-340	SANDY SHALE	570-571	LIME		
340-376	LIME (PAWNEE)	571-582	SANDY SHALE		
376-378	BLK SHALE	582-583	COAL		
378-379	COAL	583-590	SANDY SHALE		
379-400	SHALE	590-612	SAND/ LT ODOR		
400-406	LIME	612-617	SAND/ ODOR, SHOW		
406-418	SAND	617-632	SAND/ LITE TO NO ODOR		
418-419	SANDY SHALE	632-633	LIME		
419-428	LIME (OSWEGO)	633-648	SAND		
428-431	SANDY LIME / ODOR	648-654	SAND / GOOD ODOR		
431-437	LIME	654-670	SANDY SHALE		
437-439	SHALE	670-678	SAND/DARK, GOOD SHOW & ODOR		
439-440	COAL	678-695	SAND, LT ODOR, DARK		
440-446	BLACK SHALE	695-706	SANDY SHALE		
446-452	LIME	706-750	DARK SHALE		
452-454	COAL / BLK SHALE	750-762	SANDY SHALE/ LT ODOR		



PostRock
Energy Corporation

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

1

TICKET NUMBER **7384**
FIELD TICKET REF# _____
FORMAN Nathan Gahman
AFE D12008
SSI _____
API 15-133-27602-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-30-12	Greave, Richard 29-3	29	275	19E	Nesha

FORMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILR #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	11:30	4:30		905575		5	Nat G
Wes Gahman		3:00		903197		3.5	Wes G
Colby Deay		4:00		903600		4.5	Colby D
Robert Rice		3:30		903142	932895	4	Rob Rice
Ryan Hays		3:00		931385	931590	3.5	Ryan Hays
Dorell Chavez		3:30		931585	931387	4	Dorell Chavez

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 882 CASING SIZE & WEIGHT 5 1/2 14#
 CASING DEPTH 876.21 DRILL PIPE _____ TUBING _____ OTHER 60s Junc rig
 SLURRY WEIGHT 13.5 SLURRY VOL 130 sks WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 21.4 bbl DISPLACEMENT PSI 600 MIX PSI 400 RATE 4.5

REMARKS:
On location at 11:30 started running casing at 12:00. Washed in approx 10' of last joint. Washed T.D. done washing at 1:15. Waited on bulk truck and water until 2:00. Ran 60 bbl gel sweep with 1sk cotton seed hulls. Pumped 14.25 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	
1385 / 931585	2	Transport Truck	
1590 / 931387	2	Transport Trailer	
904745	1	80 Vac	
903142	1	Casing Truck	
	876.21'	Casing	
	5	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
		Frac Baffles	
	100 sks	Portland Cement	
	10lbs	Gilsonite Thixotropic Additive	
	4 sks	Flo-Sect Sodium Silicate	
	6 sks	Premium Gel	
	4 sks	Cal Chloride	
	200 bbl	City Water	
	1 sk	KOL Cement Fluid loss	
	20 sks	KOL Seal	
	1 sk	Cotton Seed Hulls	
932895	1	Casing trailer	



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

2

TICKET NUMBER **7385**
FIELD TICKET REF# _____
FORMAN Nathan Gahman
AFE D12008
SSI _____
API 15-133-27602-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER				SECTION	TOWNSHIP	RANGE	COUNTY
10-30-12	Greve, Richard 29-3				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 882 CASING SIZE & WEIGHT 5 1/2 14#
 CASING DEPTH 876.21 DRILL PIPE _____ TUBING _____ OTHER 605 Jones rig
 SLURRY WEIGHT 13.5 SLURRY VOL 130 sks WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 21.4 bbl DISPLACEMENT PSI 600 MIX PSI 400 RATE 4.5

REMARKS:
Pumped 130 sks cement to get dye to surface. Cleaned pump then launched plug. Pumped plug to T.D. set float shoe at 1100 psi held for 3 min. Washed up equipment and left location. No oil show. Cement didn't fall back.

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	

GREVE 29-3

Pipe #	Length	Running Total	Baffle Location	PostRock Energy- Casing Tally Sheet
1	40.22	40.22		Date: 10/29/2012
2	38.55	78.77		Well Name & #: Richard Greve 29-3
3	38.43	117.2		Township & Range: 27S-19E
4	38.56	155.76		County/State: Neosho/ Kansas
5	38.82	194.58		SSI#:
6	39.22	233.8		AFE#: D12008
7	39.61	273.41		Road Location:
8	37.85	311.26		API#: 15-133-27602-00-00
9	39.69	350.95		Comments:
10	38.51	389.46		Projected TD- 905'
11	40.25	429.71		Actual TD 882'
12	39.77	469.48		
13	38.71	508.19		Added 4 subs (24-27)
14	38.16	546.35		24) 10.15
15	38.46	584.81		25) 9.80
16	38.56	623.37		26) 5.25
17	38.6	661.97		27) 5.28
18	38.67	700.64		Added these subs for flexibility to
19	39.91	740.55		adjust to actual TD
20	38.42	778.97		
21	38.17	817.14		
22	39.12	856.26		
23	39.46	895.72		
24	10.15	905.87		
25	9.8	915.67		
26	5.25	920.92		
27	5.28	926.2		
		876.21		

Comments:
 Projected TD- 905'
 Actual TD 882'
 Added 4 subs (24-27)
 24) 10.15
 25) 9.80
 26) 5.25
 27) 5.28
 Added these subs for flexibility to
 adjust to actual TD
 Casing Tally - 876.21'
 5- Centralizers

Thanks!

PostRock Energy Corp.

Troy