



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1115316
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: _____



1115316

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	BAILEY, MARION L 14-3
Doc ID	1115316

All Electric Logs Run

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

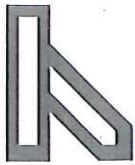
Re: ACO1
API 15-133-27604-00-00
BAILEY, MARION L 14-3
SW/4 Sec.14-28S-18E
Neosho County, Kansas

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



PostRock
Energy Corporation

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

TICKET NUMBER **7387**
FIELD TICKET REF# _____
FORMAN Nathan Gahman
AFE D12011
SSI _____
API 15-133-27604-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-2-12	Bailey, Marion 14-3	14	28S	18E	Neosho

FORMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILR #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	6:15	12:00		905575		5.75	Nat Ga
Darrell Chaney	6:15	12:00		903197		5.75	Darrell Chaney
Colby Deegan	7:00	12:00		903600		5	Colby Deegan
Robert Rice	6:30	11:30		903380	932900	5	Robert Rice
Was Gahman	6:30	11:00		903400	932120	4.5	Was Gahman
Ryan Hays	6:30	11:00		931385	931590	4.5	Ryan Hays

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 931 CASING SIZE & WEIGHT 5 1/2 14#
 CASING DEPTH 924.73 DRILL PIPE _____ TUBING _____ OTHER Gus Jones rig
 SLURRY WEIGHT 13.5 SLURRY VOL 150 sks WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 22.5 bbl DISPLACEMENT PSI 750 MIX PSI 500 RATE 4.5

REMARKS:
On location at 7:30. Rig crew on location 8:15. Started running casing at 8:45. Washed in last 60' of casing. Landed casing on clamp at 10:30. Ran 60 bbl gel sweep with 1sk cotton seed hulls. Pumped 15 bbl dye the pumped 150 sks cement to get dye to surface. Launched plug pumped down set float shoe. Held 1100 psi for 3min. Washed up and left 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	
13400 / 931385	2	Transport Truck	
2120 / 931590	2	Transport Trailer	
904745	1	80 Vac	
903380	1	Casing Truck	
	924.73'	Casing	
	5	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
		Frac Baffles	
	115 sks	Portland Cement	
	10 lbs	Gilsonite Thixotropic Additive	
	5 sks	KOL Seal Sodium Silicate	
	6 sks	Premium Gel	
	5 sks	Cal Chloride	
	200 bbl	City Water	
	1 sk	WEL Cement Fluid loss	
	25 sks	KOL Seal	
	1 sk	Cotton Seed Hulls	
932900	1	Casing trailer	

NO OIL SHOW DURING JOB. 400 GALLON CEMENT

Air Drilling Specialist
Oil & Gas Wells

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

PO Box 449
Caney, KS 67333

Date Started	10/29/2012
Date Completed	10/30/2012

Operator	A.P.I #	County	State
Post Rock Energy	15-133-27604-00-00	Neosho	Kansas

Well No.	Lease	Sec.	Twp.	Rge.
14-3	Bailey, Marion	14	28	18

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
Oil	Brantley Thornton	5	22' 8 5/8	931	7 7/8

Formation Record

0-7	MUD	495-520	BLACK SHALE		
7-22	SANDY SHALE	520-545	SAND		
22-27	SAND	545-561	LIME		
27-50	SHALE	561-570	SAND		
50-115	LIME	570-571	COAL		
115-120	SHALE	571-577	BLACK SHALE		
120-121	COAL	577-586	SANDY SHALE		
121-125	SAND	586-587	LIME		
125-128	LIME	587-615	SAND / DARK, NO ODOR		
128-146	SHALE	615-652	SANDY SHALE		
146-148	LIME	652-655	COAL		
148-165	SHALE	655-673	SHALE		
165-185	LIME	673-674	COAL		
185-196	SHALE	674-677	BLACK SHALE		
196-205	LIME	677-679	SHALE		
205-220	SHALE	679-686	SANDY SHALE		
220-250	LIME	686-696	SAND / NO ODOR		
250-265	SAND /DAMP	696-744	SAND / SOFT, NO ODOR		
265-279	SANDY LIME	744-752	SAND/GOOD ODOR & SHOW		
279-290	DARK SHALE	752-810	SAND / LT TO NO ODOR		
290-295	SANDY SHALE	810-829	SANDY SHALE		
295-335	SAND / HARD	829-879	SANDY SHALE/ DARK, SOFT		
335-350	LIME	879-921	SHALE		
350-375	SANDY SHALE	921-928	SANDY SHALE		
375-382	SHALE	928-931	COAL / BLACK SHALE		
382-387	GREEN SHALE	931	TD		
387-420	SANDY SHALE				
420-429	LIME				
429-436	SANDY SHALE				
436-495	LIME				