



**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: \_\_\_\_\_



1123981

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	STICH, WILLIAM A 20-8
Doc ID	1123981

All Electric Logs Run

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	<b>10/31/2012</b>
Date Completed	<b>11/9/2012</b>

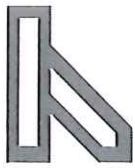
Operator	A.P.I #	County	State
<b>Post Rock Energy</b>	<b>15-133-27606-00-00</b>	<b>Neosho</b>	<b>Kansas</b>

Well No.	Lease	Sec.	Twp.	Rge.
<b>20-8</b>	<b>Stich, William A</b>	<b>20</b>	<b>28</b>	<b>19</b>

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
<b>Oil</b>	<b>Brantley Thornton</b>	<b>5</b>	<b>22' 8 5/8</b>	<b>856</b>	<b>7 7/8</b>

**Formation Record**

0-7	MUD	515-516	LIME		
7-10	SAND	516-545	SANDY SHALE		
10-30	LIME	545-546	COAL		
30-50	SANDY SHALE	546-561	SANDY SHALE		
50-90	LIME	561-562	COAL		
90-107	SHALE	562-582	SANDY SHALE		
107-170	LIME	582-595	COAL		
155	WENT TO WATER	595-622	SAND		
170-215	SHALE	622-627	BLACK SHALE		
215-240	SAND	627-639	SANDY SHALE		
240-253	LIME	639-640	COAL		
253-333	SHALE	640-643	SAND / LT ODOR		
333-337	LIME (PAWNEE)	643-650	SAND / GOOD ODOR		
337-39	COAL	650-670	SANDY SHALE		
339-342	LMY SHALE	670-671	COAL		
342-376	LIME	671-690	SANDY SHALE		
376-380	BLACK SHALE	690-809	SHALE / SAND		
380-401	SHALE	809-810	COAL		
401-411	SAND	810-817	SAND		
411-422	SHALE	817-818	COAL		
422-423	COAL	818-830	SHALE / SAND		
423-424	SHALE	830-831	COAL		
424-446	LIME (OSWEGO)	831-856	SANDY SHALE		
446-454	BLK SHALE (SUMMIT)	856	TD		
454-460	LIME				
460-461	COAL (MULKY)				
461-465	BLACK SHALE				
465-511	SAND				
511-512	LIME				
512-515	SANDY SHALE				



**PostRock**  
Energy Corporation

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

#1 of 2

TICKET NUMBER **7388**  
FIELD TICKET REF# \_\_\_\_\_  
FORMAN Nathan Gahman  
AFE D12013  
SSI \_\_\_\_\_  
API 15-133-27606-00-00

**TREATMENT REPORT  
& FIELD TICKET CEMENT**

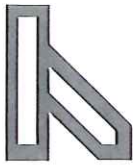
DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-13-12	Stich, William 20-8	20	28S	19E	Neosho

FORMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	6:15	11:30		905525		5.25	Nat G
Wes Gahman	6:30			903197		5	Wes G
Colby Dean	6:15			903600		5.25	Colby D
Robert Rice	6:30			903142	932895	5	Rob Rice
Ryan Hays	6:30			931385	931390	5	Ryan Hays
Darrell Chene	9:30			903401	932170	2	Darrell

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 856 CASING SIZE & WEIGHT 5 1/2 14#  
 CASING DEPTH 849.31 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER Gus Jones rig crew  
 SLURRY WEIGHT 13.5 SLURRY VOL 155 rky WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 0  
 DISPLACEMENT 20.7 bbl DISPLACEMENT PSI 200 MIX PSI 400 RATE 4.5

REMARKS:  
On location at 7:45. Gus Jones crew on location at 8:15. Started  
running casing at 8:45. Rm in casing. Washed in 1st 20' Reel to cement  
at 10:30 Had to send transport back to reload before starting job  
Started gel sweep at 10:45. Swept with 60 bbl gel and 1sk cottonseed  
Hulls

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
905525	1	Forman Pickup	
903197	1	Cement Pump Truck	
903600	1	Bulk Truck	
3138 / 903401	2	Transport Truck	
1390 / 932170	2	Transport Trailer	
		80 Vac	
903142	1	Casing Truck	
		Casing	
	5	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
		Frac Baffles	
	120 sks	Portland Cement	
	5 sks	<del>Gilsonite</del> Sodium Silicate	
	1 sk	<del>File Seal</del> Cement Fluid loss	
	6 sks	Premium Gel	
	5 sks	Cal Chloride	
	200 bbl	City Water	
	12 lbs	<del>WEL</del> Thixotropic Additive	
	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 of 2

TICKET NUMBER **7389**  
FIELD TICKET REF# \_\_\_\_\_  
FORMAN Nathan Gehring  
AFE 012013  
SSI \_\_\_\_\_  
API 15-133-27606-00-00

**TREATMENT REPORT  
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-13-12	Stich, William 20-8	20	28S	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 856 CASING SIZE & WEIGHT 5 1/2 14#  
 CASING DEPTH 849.31 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER Gus Jones rig crew  
 SLURRY WEIGHT 13.5 SLURRY VOL 155 sks WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 9  
 DISPLACEMENT 20.7 DISPLACEMENT PSI 700 MIX PSI 400 RATE 4.5

REMARKS:  
They pumped 13.8 bbl dye. Pumped 155 sks slurry to get dye to surface. Pumped plug down set float shoe Held 1000 psi for 3 min. Cleaned up equipment and left location. No oil show. May need slight top off.

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	

