



KANSAS CORPORATION COMMISSION 1123987
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

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
- 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: _____



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
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------

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 Bbbs.	Gas Mcf	Water Bbbs.	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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
-------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------

Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	STICH, WILLIAM A 20-9
Doc ID	1123987

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	11/9/2012
Date Completed	11/12/2012

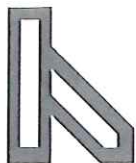
Operator	A.P.I #	County	State
Post Rock Energy	15-133-27607-00-00	Neosho	Kansas

Well No.	Lease	Sec.	Twp.	Rge.
20-9	Stich, William A	20	28	19

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
Oil	Brantley Thornton	5	21' 8 5/8	856	7 7/8

Formation Record

0-6	DIRT	552-553	COAL		
6-8	SAND	553-578	SHALE		
8-42	LIME	578-621	SANDY SHALE		
42-45	BLK SHALE / COAL	621-623	COAL		
45-50	LIME	623-636	SAND		
50-60	SAND	636-637	COAL		
60-85	SHALE	637-645	SANDY SHALE		
85-100	LIME	645-650	SAND / LT ODOR		
100-121	SHALE	650-660	SAND / GOOD ODOR		
121-142	LIME	660-670	SAND / VERY LT ODOR		
142-152	DARK SHALE / WET	670-700	SHALE		
152-190	LIME	700-730	SAND		
190-200	SHALE	730-856	SANDY SHALE		
200-205	LIME	856	TD		
205-240	SHALE				
240-250	LIME				
250-260	SHALE				
260-269	LIME				
269-277	GREEN LIME /SHALE				
277-348	SAND				
348-352	LIME (PAWNEE)				
352-353	COAL				
353-395	LIME				
395-420	SHALE				
420-439	SAND				
439-460	LIME (OSWEGO)				
460-468	BLACK SHALE				
468-474	LIME				
474-480	BLACK SHALE				
480-552	SAND				



PostRock
Energy Corporation

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

1 of 2

TICKET NUMBER **7390**
FIELD TICKET REF# _____
FORMAN Nathan Gahman
AFE D12014
SSI _____
API 15-133-27607

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-13-12	Sitch, William 20-9	20	28S	19E	Near 40

FORMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILR #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	11:30	4:00		905525		4.5	<i>Nat G</i>
Wes Gahman		3:00		903197		3.5	<i>Wes G</i>
Colby Degeu		4:00		903600		4.5	<i>Colby D</i>
Robert Rice		4:00		903142		4.5	<i>Rob Rice</i>
Ryan Hays		3:00		931385	931390	3.5	<i>Ryan Hays</i>
Darrell Chancy		4:00		903401	932170	4.5	<i>Darrell</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 856 CASING SIZE & WEIGHT 5 1/2 14 1/2
 CASING DEPTH 853.61 DRILL PIPE _____ TUBING _____ OTHER Gas Jones rig crew
 SLURRY WEIGHT 13.5 SLURRY VOL 129 sks WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 20.8 bbl DISPLACEMENT PSI 600 MIX PSI 400 RATE 4.5

REMARKS:
On location at 11:30. Started running casing at 12:00. Washed in last 5' ready to cement 1:45. Had to send transport back for water. before starting job. Started gel sweep at 200. Pumped 60 bbl gel then 14 bbl dye. Pumped 129 sks of slurry to get dye to surface.

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 5/903401	2	Transport Truck	
31390 1/932170	2	Transport Trailer	
		80 Vac	
903142	1	Casing Truck	
	853.61'	Casing	
	5'	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
		Frac Baffles	
	100 sks	Portland Cement	
	4 sks	Gel Sodium Silicate	
	1 sks	Flo-Seal Cement Fluid loss	
	5 sks	Premium Gel	
	4 sks	Cal Chloride	
	200 bbl	City Water	
	10 lbs	KOL Thixotropic Additive	
	20 sks	KOL Seal	
	1 sk	Cotton Seed Hulls	
932895	1	Casing trailer	



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

2 of 2

TICKET NUMBER **7391**
 FIELD TICKET REF# _____
 FORMAN Nathan Gehring
 AFE D12014
 SSI _____
 API 15-133-27607

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-13-12	Stich, Willigan 20-9	20	28S	18E	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 853.61 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL 129 sks WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 20.8 bbl DISPLACEMENT PSI 600 MIX PSI 400 RATE 4.5

REMARKS: Pumped plug down, set float shoe held 900 psi for 3 min, cleaned up equipment and left location. Slight oil show. Well will not need topped 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	

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

March 12, 2013

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

Re: ACO1
API 15-133-27607-00-00
STICH, WILLIAM A 20-9
NE/4 Sec.20-28S-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

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

March 12, 2013

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

Re: ACO-1
API 15-133-27607-00-00
STICH, WILLIAM A 20-9
NE/4 Sec.20-28S-19E
Neosho County, Kansas

Dear CLARK EDWARDS:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 11/9/2012 and the ACO-1 was received on March 12, 2013 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department