



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
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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

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
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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	BAILEY, MARION L 14-5
Doc ID	1124030

All Electric Logs Run

DIL
CDL
NDL
TEMP
CBL



Thornton Air Rotary, LLC

PO Box 449
Caney, KS 67333

Invoice

Date	Invoice #
12/7/2012	284-1

Phone # 620-879-2073 E-Mail
 Fax # 620-879-2073 thorntonairrotary@hotmail.com

Bill To
Post Rock Energy Corporation 210 Park Avenue, Suite 2750 Oklahoma City, OK 73102

Terms
Due on receipt

Description	Footage/Quantity	Rate	Amount
Bailey, Marion Well # 14-5	1,081	8.50	9,188.50

We appreciate the opportunity to work for you!		Total	\$9,188.50
		Payments/Credits	\$0.00
		Balance Due	\$9,188.50

Air Drilling Specialist
Oil & Gas Wells

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

PO Box 449
Caney, KS 67333

Date Started	11/30/2012
Date Completed	12/4/2012

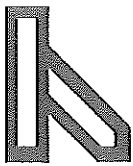
Operator	A.P.I #	County	State
Post Rock Energy	15-133-27610-00-00	Neosho	Kansas

Well No.	Lease	Sec.	Twp.	Rge.
14-5	Bailey, Marion	14	28	18

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
Oil	Brantley Thornton	5	21' 8 5/8	1081	7 7/8

Formation Record

0-7	MUD	459-466	SHALE	1077-1081	CHAT
7-11	SAND	466-504	LIME (PAWNEE)	1081	TD
11-46	SHALE	504-508	BLK SHALE (LEXINGTON)		
46-49	LIME	508-546	SHALE		
49-54	SHALE	546-568	LIME (OSWEGO)		
54-56	LIME	568-573	BLK SHALE (SUMMIT)		
56-60	SHALE	573-580	LIME		
60-87	LMY SHALE	580-586	BLK SHALE (MULKY)		
87-95	SAND	586-674	SHALE		
95-120	LIME	674-675	COAL		
120-130	SHALE	675-677	BLACK SHALE		
130-134	SAND	677-735	SHALE		
134-140	SHALE	735-750	SAND / ODOR		
140-155	SAND / DAMP	750-780	SANDY SHALE		
155-191	SANDY LIME	780-790	SAND / LT ODOR		
191-200	SHALE	790-795	SAND /DECENT ODOR		
200-202	LIME	795-840	SAND / ODOR		
202-210	SANDY SHALE	840-895	SHALE		
210-215	SHALE	895-915	BLACK SHALE		
215-265	LIME	915-920	SHALE		
265-272	SAND / ODOR	920-970	SANDY SHALE		
272-282	LME	930	WENT TO WATER		
282-287	SAND	960	GAS TEST - SLIGHT BLOW		
287-300	BLACK SHALE	970-994	SHALE		
300-332	SHALE	994-995	COAL (RIVERTON)		
332-340	LIME	995-1008	SHALE		
340-350	SAND	1008-1050	CHAT /CHERT (MISS.)		
350-420	SANDY SHALE	1050-1053	LIME		
420-458	SHALE	1053-1055	CHAT		
458-459	COAL (MULBERRY)	1055-1077	LIME		



PostRock
Energy Corporation

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

TICKET NUMBER 7395
FIELD TICKET REF# _____
FORMAN Nathan Gahman 66114909
AFE D12021
SSI _____
API 15-133-27610-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-7-12	Briley, Marion 14-5	14	28S	18E	Neosho

FORMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILR #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	11:30	4:45		905575		5.25	<i>Nathan G</i>
Wes Gahman		4:30		903197		5	<i>Wes G</i>
Larry Reddick		4:00		903600		4.5	<i>Larry R</i>
Robert Rice		4:30		931400	932900	5	<i>Robert R</i>
Coy Chism		3:00		931385	931590	3.5	<i>Coy C</i>
John Walker		3:00		903401	932170	3.5	<i>John W</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 1081 CASING SIZE & WEIGHT 5 1/2 14#
 CASING DEPTH 1073.6 DRILL PIPE _____ TUBING _____ OTHER Gas Jones Rig Crew
 SLURRY WEIGHT 13.5 SLURRY VOL 200 sks WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 26.2 bbl DISPLACEMENT PSI 900 MIX PSI 400 RATE 4.5 bpm

REMARKS:
 On location at 11:30 started casing 1100. Washed in 40' Ready to cement 2:00
 Ran 60 bbl gel sweep, Pumped 12.5 bbl dye then 200 ski slurry to get dye to surface. Pumped plug down set float shoe. Held 1100psi for 5min. Rig operator said hole seemed to be drilled at 9 angle. Good oil show. Lost circulation 1/3 of the way down displacing plug but we

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	
903401/931385	2	Transport Truck	
903401/931590	2	Transport Trailer	
		80 Vac	
931400	1	Casing Truck	
	1073.6'	Casing	
	6	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	1	Frac Baffles for 4.75 ball	
	155 sks	Portland Cement	
	6 sks	Gileneite Sodium silicate	
	1.5 sks	Flo-Seal Cement Fluid loss	
	7 sks	Premium Gel	
	6 sks	Cal Chloride	
	250 bbl	City Water	
	14 lbs	KOL Thixotropic Additive	
	30 sks	KOL Seal	
	1 sk	Cotton Seed Hulls	
932900	1	Casing trailer	

got it back quickly.

