



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: _____



1124037

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 Bbbs.	Gas Mcf	Water Bbbs.	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	MARPLE LIV TRUST 5-6
Doc ID	1124037

All Electric Logs Run

DIL
CDL
NDL
TEMP
CBL

Air Drilling Specialist
Oil & Gas Wells

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

PO Box 449
Caney, KS 67333

Date Started	12/10/2012
Date Completed	12/13/2012

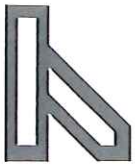
Operator	A.P.I #	County	State
Post Rock Energy	15-205-28067-00-00	Wilson	Kansas

Well No.	Lease	Sec.	Twp.	Rge.
5-6	Post Rock Energy	5	28	17

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
Oil	Brantley Thornton	5	20' 8 5/8	1132	7 7/8

Formation Record

0-6	MUD	781-788	SHALE		
6-9	SHALE	788-790	LIME (V-LIME)		
9-14	LIME	790-792	SHALE		
14-22	SHALE	792-793	COAL (CROWBERG)		
22-25	LIME	793-807	SAND		
25-100	SHALE	807-907	SHALE		
100-112	LIME	907-908	COAL		
112-186	SAND / DAMP	908-933	SHALE		
180	WENT TO WATER	933-963	SAND / ODOR		
186-235	SHALE	963-980	SAND / DECENT ODOR		
235-305	LIME	980-1000	SAND / GOOD ODOR		
305-310	SHALE	1000-1033	SAND / LT ODOR		
310-318	LIME	1033-1060	SAND		
318-332	SAND	1060-1078	SHALE		
332-360	LIME / CHAT	1078-1080	COAL		
360-370	SHALE	1080-1112	SHALE		
370-410	LIME	1112-1117	BLK SHALE / COAL		
410-625	SHALE	1117-1132	SHALE		
625-626	COAL	1132	TD		
626-628	SHALE				
628-672	LIME (PAWNEE)				
672-680	SANDY SHALE				
680-712	LIME				
712-720	BLK SHALE (SUMMIT)				
720-728	LIME				
728-733	BLK SHALE (MULKY)				
733-734	COAL				
734-740	LIME				
740-780	SANDY SHALE				
780-781	COAL				



PostRock
Energy Corporation

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

TICKET NUMBER **7397**
FIELD TICKET REF# _____
FORMAN Nathan Gahrman
AFE D12020
SSI _____
API 15-205-28067-00-00

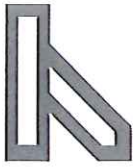
**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
12-14-12	Maple Liv Trust 5-6		5	28S	12E	Wilson	
FORMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahrman	12:30	5:15		905575		4.75	<i>Nathan Gahrman</i>
Wes Gahrman		5:00		903197		4.5	<i>Wes Gahrman</i>
Larry Reddick		4:00		903600		3.5	<i>Larry Reddick</i>
Robert Rice		4:45		931400	932900	4.25	<i>Robert Rice</i>
John Walker		4:30		903401	932170	4	<i>John Walker</i>
Chris Mitchell		4:15		904735		3.75	<i>Chris Mitchell</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 1132 CASING SIZE & WEIGHT 5 1/2 14#
 CASING DEPTH 1122.73 DRILL PIPE _____ TUBING _____ OTHER 608 Jones rig crew
 SLURRY WEIGHT 13.5 SLURRY VOL 170 sks WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 27.4 DISPLACEMENT PSI 600 MIX PSI 400 RATE 4.5

REMARKS:
Rigged up at 1:00 started running casing 1:30. Washed in approx. 25'. Ready to cement 3:00. Pumped 60 bbl gel sweep. Pumped 18 bbl dye then 180 sks slurry to get dye to surface. Pumped plug down, set float shoe. Held 1000 psi for 3 min. Good oil show. Will need top off.

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
9 05575	1	Forman Pickup	
903197	1	Cement Pump Truck	
903600	1	Bulk Truck	
03 401/931505	2	Transport Truck	
132 170/931395	2	Transport Trailer	
904735	1	80 Vac	
931400	1	Casing Truck	
	1122.73'	Casing	
	6	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
		Frac Baffles	
	135 sks	Portland Cement	
	5 sks	Gilsonite Sodium Silicate	
	1.5 sks	Flo-Seal Cement Fluid Loss	
	7 sks	Premium Gel	
	5 sks	Cal Chloride	
	200 bbl	City Water	
	15 lbs	KOL Thivotropic additive	
	25 sks	KOL Seal	
	1 sk	Cotton Seed Hulls	
932900	1	Casing trailer	



PostRock
Energy Corporation

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

TICKET NUMBER **7399**
FIELD TICKET REF# _____
FORMAN Nathan Gohman
AFE D12020
SSI _____
API _____

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
12-18-12	Maple 5-6		5			Wilson	
FORMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILR #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gohman	3:00	4:00		904805		1	<i>Nathan Gohman</i>
Wes Gohman		3:30		903197		1.5	<i>Wes Gohman</i>
Chris Kincaid		5:00		903600		2	<i>Chris Kincaid</i>
Joe Rodgers		4:00		904730		1	<i>Joe Rodgers</i>

JOB TYPE Top off HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL 15 sks WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Tapped well off with 15 sks cement

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
904805	1	Forman Pickup	
903197	1	Cement Pump Truck	
903600	1	Bulk Truck	
		Transport Truck	
		Transport Trailer	
904730	1	80 Vac	
		Casing Truck	
		Casing	
		Centralizers	
		Float Shoe	
		Wiper Plug	
		Frac Baffles	
	15 sks	Portland Cement	
		Gilsonite	
		Flo-Seal	
		Premium Gel	
		Cal Chloride	
	25 bbl	City Water	
		KCL	
		KOL Seal	
		Cotton Seed Hulls	