



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: _____



1124058

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	GROSDIDIER, FRANCIS E 15-5
Doc ID	1124058

All Electric Logs Run

DIL
CDL
NDL
TEMP

Michael Drilling, LLC
P.O. Box 402
Iola, KS 66749
620-496-7795

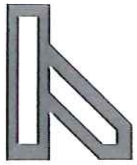
012513

Company: Post Rock
Address: 210 Park Ave. Suite 2750
Oklahoma City, Oklahoma 73102
Ordered By: Larry

Date: 01/25/13
Lease: Francis Grosdidier
County: Neosho
Well#: 15-5
API#: 15-133-27617-00-00

Drilling Log

FEET	DESCRIPTION	FEET	DESCRIPTION
0-16	Overburden		
16-88	Shale		Surface <i>15' 211</i>
88-104	Lime		
104-173	Shale-Sandy Shale		
173-176	Lime		
176-223	Sandy Lime		
223-238	Shale-Sandy Shale		
238-253	Sandy Lime		
252-261	Shale		
261-263	Coal		
263-285	Lime		
285-294	Shale-Black Shale		
294-298	Lime		
298-303	Black Shale		
303-309	Sand-Oder		
309-404	Shale-Sandy Shale		
404-407	Lime		
407-461	Shale-Black Shale		
461-462	Lime		
462-475	Sand-Oder		
475-489	Shale		
489-490	Coal		
490-690	Shale-Black Shale		
690-	TD		



PostRock
Energy Corporation

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

TICKET NUMBER **7427**
FIELD TICKET REF# _____
FORMAN Nathan Gahmer
AFE D12032
SSI _____
API 15-133-27612-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
1-31-13	Grosdidier, Francis 15-5		15			Neosho	
FORMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILR #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahmer	11:30	1:30		905525		2	Nat Gahmer
Robert Rice	11:30	1:30		903142	932895	2	Robert Rice

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 690 CASING SIZE & WEIGHT 5 1/2, 14#
 CASING DEPTH 685.46 DRILL PIPE _____ TUBING _____ OTHER 605 Jones rig crew
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 16.7 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS:
On location at 11:30. Ready to run casing at 11:45, Washed in last 20'
Ready to cement at 12:45. Spotted transports with dozer. See
COWS ticket for cement job details. Fair oil show
May need topoff.

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
905525	1	Forman Pickup	
		Cement Pump Truck	
		Bulk Truck	
		Transport Truck	
		Transport Trailer	
		80 Vac	
903142	1	Casing Truck	
	685.46	Casing	
	4	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	—	Frac Baffles	
		Portland Cement	
	11 lbs	Gilsonite Thixotropic Additive	
		Flo-Seal	
	5 sks	Premium Gel	
		Cal Chloride	
		City Water	
		KCL	
		KOL Seal	
	1 sk	Cotton Seed Hulls	
932895	1	Casing trailer	
931150	1	Dozer	



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 41285
LOCATION Eureka
FOREMAN Dick Ledford

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT *API# 15-133-27617*

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-31-13		Francis Crandall 15-5				Neosho
CUSTOMER <i>Post Rock Energy Corp</i>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <i>4402 Johnson Rd</i>			520	John		
CITY <i>Chanute</i>			515	Mike		
STATE <i>KS</i>			452/T103	Jim		
ZIP CODE			609/T91	George Taylor (Trayer)		

JOB TYPE 115 0 HOLE SIZE 7 7/8 HOLE DEPTH 690' CASING SIZE & WEIGHT 5 1/2" 14"
 CASING DEPTH 685 1/2" DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5" SLURRY VOL 39 cu WATER gal/sk ?? CEMENT LEFT in CASING 0
 DISPLACEMENT 11.7 cu DISPLACEMENT PSI 1000 MIX PSI 1100 Bump plug RATE _____

REMARKS: *Safety meeting. Rig up to 5 1/2" casing w/ washdown. Washdown 25' to PBTD. Pump 500 gal flush w/ bulls, 15 BW water spacer. 8 BW dye water. Mixed 120 sacks class A cement w/ 2% cocoz, 2% metasilicate, 1/2% CFI-45, 1/4% carbonyl-P + 16" Kalsol/30 @ 13.5" / gal yield 1.82. Washout pump & lines, release plug. Displace w/ 11.7 cu fresh water. Final pump pressure 1000 PSI. Pump plug to 1100 PSI, release pressure, shut & plug hold. Good cement returns to surface. 6 BW slurry to pit. Job complete. Rig down.*

Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5461	1	PUMP CHARGE	1030.00	1030.00
5466	1	MILEAGE <i>900 mi of 3</i>	n/c	n/c
11643	120 Sks	class A cement	14.95	1794.00
1169	225#	2% cocoz	.71	160.75
1111A	225#	2% metasilicate	2.00	450.00
1135A	55#	1/2% CFI-45	10.55	580.25
	11#	1/4% carbonyl-P	n/c	n/c
1116A	1200#	16" Kalsol/30	.46	552.00
5467A	6.21	tax mileage busk tax	1.34	6068.93
5501C	3 hrs	water transport	112.00	336.00
5501C	3 hrs	water transport	112.00	336.00
1123	10000 gal	city water	11.50/1000	99.00
			Sub total	16012.68
			SALES TAX <i>7.3%</i>	265.85
			ESTIMATED TOTAL	16278.53

Ravin 3737

AUTHORIZATION *[Signature]* TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form

Grosdidier, Francis 15-5

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	39.5	39.25		Date: 1/29/13
2	39.42	78.42		Well Name & #: Grosdidier, Francis 15-5
3	39.48	117.65		Township & Range:
4	39.38	156.78		County/State: Kansas
5	39.4	195.93		AFE#: D12032
6	39.42	235.1		API# 15-133-27617-00-00
7	39.46	274.31		Comments:
8	39.4	313.46		Projected TD- 690'
9	39.42	352.63		
10	39.45	391.83		Joints are numbered in White
11	39.45	431.03		
12	39.44	470.22		Subs are in orange
13	39.45	512.42		
14	39.39	548.56		
15	39.43	587.74		
16	39.43	626.92		
17	39.26	665.93		Added these subs for flexibility to adjust to actual TD
18	39.44			
19	15.03	680.71		
20	10.02			Actual TD- 690'
21	5	685.46		Log Bottom- 687'
22				Casing Talley- 685.46'
23				No Baffles
24				Centralizers- 1st joint, then every 5th joint to surface.
25				
26				
27				

PostRock Energy Corp.

Joints 1-15 from

Grosdidier 15-2