



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: _____



1124061

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

Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	STICH, WILLIAM A 20-7
Doc ID	1124061

All Electric Logs Run

CBL
DIL
CDL
NDL
TEMP

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

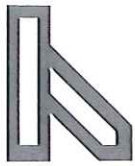
013013

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

Date: 01/30/13
 Lease: Stich, William A.
 County: Neosho
 Well#: 20-7
 API#: 15-133-27618-00-00

Drilling Log

FEET	DESCRIPTION	FEET	DESCRIPTION
0-6	Overburden	430-431	Coal
6-49	Lime	431-455	Sandy
49-75	Shale	455-462	Black Shale
75-92	Lime	462-467	Lime
92-113	Shale	467-482	Shale
113-121	Lime	482-490	Sand
121-124	Sandy Shale	490-537	Shale Sandy Shale
124-132	Lime	537-539	Lime
132-136	Black Shale	539-567	Black Shale Shale
136-138	Lime	567-569	Lime
138-160	Shale With Lime Streaks	569-580	Black Shale Shale
160-175	Sandy Lime	580-598	Shale Sandy Shale
175-206	Shale Sandy Shale	598-599	Coal
199-201	Black Shale	599-608	Shale
206-231	Sandy Shale	608-609	Coal
231-245	Sand	609-623	Shale
245-302	Sandy Shale	623-625	Lime
302-309	Lime	625-631	Shale
309-342	Shale	631-632	Lime
342-346	Lime	632-636	Shale
346-348	Shale	636-646	Sand-Oder
348-387	Sandy Lime	646-716	Shale Sandy Shale
387-409	Shale 397-399 Black Shale	716-717	Coal
409-430	Sand Sandy Shale	717-735	Shale Sandy Shale



PostRock
Energy Corporation

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

TICKET NUMBER **7428**
FIELD TICKET REF# _____
FORMAN Nathan Gahmga
AFE D13002
SSI _____
API 15-133-27618-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-31-13	Stich, William 20-2	20			Neosho

FORMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILR #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahmga	1:30	6:30		905525		5	<i>[Signature]</i>
Robert Rice	1:30	4:30		903142	932895	3	<i>[Signature]</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 800 CASING SIZE & WEIGHT 5 1/2, 14#
 CASING DEPTH 793.79 DRILL PIPE _____ TUBING _____ OTHER Gus Jones rig crew
 SLURRY WEIGHT 13.5 lb. SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 19.4 bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS:

2' On location 1:45, started running casing at 2:00, washed in last
 2' ~~2'~~ Reel to cement at 3:15. See CDWS ticket for cement
 job details. Slight oil show May need top off

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	
	793.79'	Casing	
	5	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	-	Frac Baffles	
		Portland Cement	
		Gilsonite	
	11 lb,	Fl Seal Thixotropic Additive	
	6 sks	Premium Gel	
		Cal Chloride	
		City Water	
		KCL	
		KOL Seal	
	1 sk	Cotton Seed Hulls	
932895	1	Casing trailer	



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 41286
LOCATION Luceva
FOREMAN Rick Laddford

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

FIELD TICKET & TREATMENT REPORT
CEMENT APT # 15-133-27618

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-31-13		Stich 20-7				Neosho
CUSTOMER <u>Post Rock Energy Corp</u>			Gus Jans			
MAILING ADDRESS <u>4402 Johnson Rd</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY <u>Chanute</u>			<u>520</u>	<u>John</u>		
STATE <u>Ks</u>			<u>479</u>	<u>Mele</u>		
ZIP CODE			<u>452/T143</u>	<u>Jim</u>		
			<u>619/T91</u>	<u>Gecky Taylor</u>	<u>(Tracy)</u>	

JOB TYPE 1/3 a HOLE SIZE 2218 HOLE DEPTH 800' CASING SIZE & WEIGHT 5 1/2" 14"
CASING DEPTH 793 79 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 13.5# SLURRY VOL 39 Bbl WATER gal/sk 2.8 CEMENT LEFT in CASING 0'
DISPLACEMENT 19.4 Bbl DISPLACEMENT PSI 500 MIX PSI 1000 Bump plus RATE _____

REMARKS: Safety meeting: Rig up to 5 1/2" casing w/ wash head. Wash down 3' to P&ID. Pump 600# gel-fish w/ balls, 15 Bbl water spacer, 10 Bbl dye water. Mixed 120 sacks class A cement w/ 2% cariz, 2% metasilicate, 1/2% CFI-115, 1/4% cathix-P + 16# Kal-seal/sk @ 13.5#/gal yield 1.82 washout pump + hrs, release plug. Displace w/ 19.4 Bbl fresh water. Final pump pressure 500 PSI. Bump plug to 1000 PSI, release pressure, float & plug held. Good cement returns to surface - 8 Bbl 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	4	MILEAGE 3rd well of 3	n/c	n/c
11645	120 sacks	class A cement	14.95	1794.00
1162	225#	2% cariz	.74	166.50
1111A	225#	2% metasilicate	2.00	450.00
1135A	55#	1/2% CFI-115	10.55	580.25
	11#	1/4% cathix-P	n/c	n/c
1116A	1200#	16# Kal seal/sk	.46	552.00
5467A	6.24	tax mileage bulk tax	1.34	668.93
5501C	3 hrs	water transport	112.00	336.00
5501C	3 hrs	water transport	112.00	336.00
9123	6666 gals	city water	16.50/1000	99.00
			Subtotal	6612.68
			SALES TAX	265.85
			ESTIMATED TOTAL	6278.53

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

Stich, William 20-7

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	39.48	39.23		Date: 1/29/13
2	39.49	78.47		Well Name & #:William Stich 20-7
3	39.46	117.68		Township & Range:
4	39.44	156.87		County/State: Kansas
5	39.48	196.1		AFE# :D13002
6	39.44	235.29		API# 15-133-27618-00-00
7	39.37	274.41		Comments: Projected TD- 800'
8	39.49	313.65		
9	39.47	352.87		
10	39.44	392.06		Joints are numbered in White
11	39.47	431.28		
12	39.4	470.43		Subs are in orange
13	39.48	512.66		
14	39.43	548.84		
15	39.45	588.04		
16	39.45	627.24		
17	39.46	666.45		Added these subs for flexibility to adjust to actual TD
18	39.43	705.63		
19	39.45	744.83		
20	39.46	784.04		Trailer#
21	15.05			Actual TD- 800'
22	10	793.79		Log Bottom- 797
23	5			Casing Talley- 793.79'
				No Baffles
				Centralizers- 1st joint, then every 5th joint to surface.

031150 PostRock Energy Corp.