



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1123990  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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
- Plug Back       Conv. to GSW       Conv. to Producer
- 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

GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum:  NAD27       NAD83       WGS84

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Vertical 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

- Confidentiality Requested  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



1123990

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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  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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?  Yes  No *(If No, fill out Page Three of the ACO-1)*

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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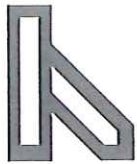
Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	MIH, MARIAM L 10-3
Doc ID	1123990

All Electric Logs Run

CBL
DIL
CDL
NDL
TEMP



**PostRock**  
Energy Corporation

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

TICKET NUMBER **7392**  
FIELD TICKET REF# \_\_\_\_\_  
FORMAN Nathan Gahman  
AFE D12012  
SSI \_\_\_\_\_  
API 15-133-27605-00-00

**TREATMENT REPORT  
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-16-12	Mih, Marion 10-3	10	28S	19E	Neosho

FORMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILR #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	6:30	11:00		905525		4.5	Nat G
Darrell Chmney	6:30			903197		4.5	Darrell
Colby Desu	7:00			903600		4	Colby
Robert Rice	6:30			931400	932900	4.5	Robert
Ryan Hays	6:30			903400	931405	4.5	Ryan Hays
Wes Gahman	6:30			903401	932170	4.5	Wes

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 831 CASING SIZE & WEIGHT 5 1/2 14#  
 CASING DEPTH 827.83 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER Gus Jones rig crew  
 SLURRY WEIGHT 13.5 SLURRY VOL 146 WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 0  
 DISPLACEMENT 20.2 DISPLACEMENT PSI 500 MIX PSI 300 RATE 4.5

REMARKS:  
 On location 7:45. Rig crew on location 8:30 started running casing at 9:00. Washed in last 20'. Ready to cement 10:00. Pumped 60 bbl gel sweep followed by 13.5 bbl dye. Pumped 146 sks cement to get dye to surface. Cleaned up equipment, left location. Good oil show. No top of needed.  
 Pumped plus down set float shoe. Held 1100 psi for 3 min.

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	
23401 / 903400	2	Transport Truck	
32120 / 931405	2	Transport Trailer	
		80 Vac	
	1	Casing Truck	
	827.83'	Casing	
	5	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
		Frac Baffles	
	115 sks	Portland Cement	
	5 sks	Gilsonite	
	1 sk	Flow Seal Cement Fluid loss	
	60 sks	Premium Gel	
	5 sks	Cal Chloride	
	200 bbl	City Water	
	9 lbs	Thixotropic Additive	
	20 sks	KOL Seal	
	1 sk	Cotton Seed Hulls	
932900	1	Casing trailer	

Mih 10-2

APC  
15-133-27605-00-00

Pipe #	Length	Running Total	Baffle Location	PostRock Energy- Casing Tally Sheet
1	38.88	38.88		Date: 11/9/2012
2	38.7	77.58		Well Name & #: Marion Mih 10-2
3	38.92	116.5		Township & Range: 28S-19E
4	39.25	155.75		County/State: Neosho/ Kansas
5	39.12	194.87		AFE#: D12016. <i>D12017</i>
6	38.7	233.57		API# <del>15-133-27605-00-00</del>
7	38.44	272.01		Comments: Projected TD- 850'
8	38.35	310.36		
9	38.04	348.4		
10	38.6	387		Joints are numbered in white
11	39.65	426.65		Added 1 joint & 4 subs (22-27) 22) 38.45 23) 10.17 24) 9.94 25) 5.26 26) 5.30
12	38.52	465.17		
13	39.88	505.05		
14	39.62	544.67		
15	39.24	583.91		
16	39.27	623.18		
17	38.77	661.95		Added these subs and joint for flexibility to adjust to actual TD
18	38.95	700.9		
19	39.58	740.48		<i>Casing Tally - 827.83'</i> <i>5 Centralizers</i>
20	39.12	779.6		
21	38.29	817.89		
22	38.45	856.34		
23	10.17	866.51		
24	9.94	876.45		
25	5.26	881.71		
26	5.3	887.01		

Note: this was the casing for the Mih 10-2.

PostRock Energy Corp.

831

Air Drilling Specialist  
Oil & Gas Wells

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

PO Box 449  
Caney, KS 67333

Date Started	<b>11/13/2012</b>
Date Completed	<b>11/14/2012</b>

Operator	A.P.I #	County	State
<b>Post Rock Energy</b>	<b>15-133-27605-00-00</b>	<b>Neosho</b>	<b>Kansas</b>

Well No.	Lease	Sec.	Twp.	Rge.
<b>10-3</b>	<b>Mih, Mariam</b>	<b>10</b>	<b>28</b>	<b>19</b>

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
<b>Oil</b>	<b>Brantley Thornton</b>	<b>5</b>	<b>22' 8 5/8</b>	<b>831</b>	<b>7 7/8</b>

### Formation Record

0-6	MUD	476-480	LIME		
6-40	LIME	480-485	BLACK SHALE		
40-50	SHALE	485-555	SHALE		
50-55	LMY SAND	555-556	COAL		
55-59	SAND	556-565	BLACK SHALE		
59-62	LIME	565-587	SHALE		
62-64	SAND	587-589	COAL		
64-70	SANDY SHALE	589-591	SHALE		
70-73	SAND	591-592	COAL		
73-86	SANDY SHALE	592-610	SANDY SHALE		
86-98	LIME	610-612	COAL		
98-110	SHALE	612-615	BLACK SHALE		
110-140	LIME	615-635	SAND		
140-240	SHALE	635-637	COAL		
240-242	COAL	637-695	SANDY SHALE		
242-245	LMY SAND	695-700	SAND		
245-270	LIME	700-716	SAND / GOOD ODOR & SHOW		
270-285	LMY SAND	716-721	SANDY SHALE		
285-288	BLACK SHALE	721-735	SHALE		
288-292	LIME	735-737	COAL		
292-353	SANDY SHALE	737-742	SAND		
353-361	LIME	742-746	BLACK SHALE		
361-364	COAL	746-771	SHALE		
364-372	SAND / DAMP	771-789	SANDY SHALE		
372-400	LIME (PAWNEE)	789-814	SHALE		
400-425	DARK SHALE	814-831	SAND / VERY LT ODOR		
425-440	SANDY SHALE	831	TD		
440-448	SHALE				
448-472	LIME				
472-476	BLACK SHALE				

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 15-133-27605-00-00  
MIH, MARIAM L 10-3  
NE/4 Sec.10-28S-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