



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1124041
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
-----------------------------------	-----------------	---

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: _____



1124041

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
--	---

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: 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> _____	PRODUCTION INTERVAL: _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	HARDIN, B 27-4
Doc ID	1124041

All Electric Logs Run

DIL
CDL
NDL
TEMP
CBL



Thornton Air Rotary, LLC

PO Box 449
Caney, KS 67333

Date	Invoice #
12/20/2012	289-2

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
Hardin, B Well # 27-4	1,032	8.50	8,772.00

We appreciate the opportunity to work for you!		Total	\$8,772.00
		Payments/Credits	\$0.00
		Balance Due	\$8,772.00

Air Drilling Specialist
Oil & Gas Wells

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

PO Box 449
Caney, KS 67333

Date Started	12/17/2012
Date Completed	12/18/2012

Operator	A.P.I #	County	State
Post Rock Energy	15-205-28072-00-00	Wilson	Kansas

Well No.	Lease	Sec.	Twp.	Rge.
27-4	Hardin, B	27	28	17

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
Oil	Brantley Thornton	5	21' 8" 8 5/8	1032	7 7/8

Formation Record

0-8	CLAY	691-697	LIME (OSWEGO)		
8-110	SHALE	697-698	BLK SHALE / COAL?		
110-116	LIME	698-710	LIME		
116-126	SAND	710-716	BLK SHALE (SUMMIT)		
126-145	SANDY SHALE	716-723	LIME		
145-165	SHALE	723-731	BLK SHALE (MULKY)		
165-170	LIME	731-809	SHALE		
170-208	SHALE	809-811	LIME		
208-211	LIME	811-813	SHALE		
211-213	SHALE	813-815	COAL		
213-246	LIME	815-900	SANDY SHALE		
246-251	SAND	900-928	SANDY SHALE		
251-283	LMY SHALE	928-933	SAND / LT ODOR & SHOW		
283-330	SHALE	933-940	SAND /GOOD SHOW, LT ODOR		
330-358	LIME	940-948	SAND / GOOD ODOR & SHOW		
358-360	SANDY SHALE	948-952	COAL / BLK SHALE		
360-361	COAL / DAMP	952-980	SANDY SHALE		
361-364	SHALE	980-982	COAL		
364-380	LIME / REAL WET	982-1032	SANDY SHALE		
380-480	SHALE	1032	TD		
480-528	LIME				
528-537	SHALE				
537-542	SANDY LIME / HARD				
542-551	SAND / SOFTER, WET				
551-612	SHALE				
612-613	COAL (MULBERRY)				
613-618	SHALE				
618-649	LIME (PAWNEE)				
649-655	BLK SHALE (LEXINGTON)				
655-691	SHALE				



CONSOLIDATED
Oil Well Services, LLC

A/E # D12025

TICKET NUMBER 38385

LOCATION Eureka

FOREMAN Rick Ledford

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

FIELD TICKET & TREATMENT REPORT

CEMENT API# 15-205-28072 P6" 5m121812-2

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/15/12	6628	Hardin B 27-4	27	283	17E	Wilson
CUSTOMER <i>Post Rock Energy Corp.</i>			Gus Jones			
MAILING ADDRESS <i>4402 Johnson Rd</i>			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY <i>Chanute</i>			STATE <i>KS</i>	ZIP CODE		
			<i>570</i>	<i>John</i>		
			<i>6607</i>	<i>Chris B.</i>		

JOB TYPE LS 6 HOLE SIZE 2 7/8" HOLE DEPTH 1032' CASING SIZE & WEIGHT 5 1/2"
 CASING DEPTH 1026' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5" SLURRY VOL. 45 Bbl WATER gal/sk 8.8 CEMENT LEFT in CASING 0'
 DISPLACEMENT 25 Bbl DISPLACEMENT PSI 700 MIX PSI 1100 Bump plug RATE 5 BPM

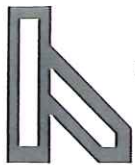
REMARKS: *Safety meetings. Rig up to 5 1/2" casing w/ wash head. Washdown 30' to PBTD Pump 500' gel-flush, brought gel to surface. Rig up to cement. Mixed 140 sacks class A cement w/ 2% cacl2, 2% metasilicate, 1/2% CFI-115, 1/10% cenbhix-P + 10# Ret-seal/yr @ 13.5"/gal yield 1.81. washout prep + lines, release plug. Displace w/ 25 Bbl fresh water. Final pump pressure 700 PSI. Bump plug to 1100 PSI. release pressure, float + plug hold. Good cement returns to surface = 6 Bbl slurry to pit. Job complete rig down.*

Company provided plug + gel *Thank You*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	0	MILEAGE 2nd well of 2	n/c	n/c
11043	140 sacks	class A cement	14.95	2093.00
1102	260"	2% cacl2	.74	192.40
1111A	260"	2% metasilicate	2.00	520.00
1135A	6.5"	1/2% CFI-115	10.55	685.75
	14"	1/10% cenbhix-P (provided by Post Rock)	n/c	n/c
1110A	1400"	10# Ret-seal/yr	.46	644.00
5407A	7.56	for mileage bulk trk	1.34	506.52
			Subtotal	5671.67
			SALES TAX <i>6.5%</i>	368.51
			ESTIMATED TOTAL	5932.18

Ravin 3737 AUTHORIZATION *Pa [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



PostRock
Energy Corporation

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

TICKET NUMBER **7405**
FIELD TICKET REF# _____
FORMAN Darrell Cheney
AFE D12025
SSI _____
API 15-208-28072-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-19-12	Hardin B 27-4	27	28S	17E	Wilson

FORMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILR #	TRUCK HOURS	EMPLOYEE SIGNATURE
Darrell Cheney	11:00	2:30		905575		3.5	Darrell Cheney
Robert Rice		2:30		931400	932900	3.5	Robert Rice
John Walker		2:00		903414	932705	3.3	John Walker
Erik Baugher		1:30		Training		2.5	Erik Baugher
Joe Rogers		1:30		903400	931405	2.5	Joe Rogers
Colby Dean	10:30	1:30		931385	931590	3	Colby Dean

JOB TYPE Log string HOLE SIZE _____ HOLE DEPTH 1022' CASING SIZE & WEIGHT 5.5" 14 lb/ft
 CASING DEPTH 1020.68 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS:

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
905575	1	Forman Pickup	
Cows	1 Cows	Cement Pump Truck	
Cows	1	Bulk Truck	
903414 903400	3	Transport Truck	
931405 932705	3	Transport Trailer	
931400	0	80 Vac	
931400 932900	1	Casing Truck + Trainers	
	1020.68	Casing	
	6	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	1	Frac Baffles	
		Portland Cement	
		Gilsonite <u>Clentix-P</u>	
		Flo-Seal	
	5 sks	Premium Gel	
		Cal Chloride	
		City Water	
		KCL	
		KOL Seal	
	1 sks	Cotton Seed Hulls	

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

April 11, 2013

CLARK EDWARDS
PostRock Midcontinent Production LLC
Oklahoma Tower
210 Park Ave, Ste 2750
OKLAHOMA CITY, OK 73102

Re: ACO1
API 15-205-28072-00-00
HARDIN, B 27-4
NW/4 Sec.27-28S-17E
Wilson 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