



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1124042
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: _____



1124042

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: 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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	HARDIN, B 27-5
Doc ID	1124042

All Electric Logs Run

DIL
CDL
NDL
TEMP
CBL



Thornton Air Rotary, LLC

PO Box 449
Caney, KS 67333

Date	Invoice #
12/20/2012	290-2

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 # 27-5	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	12/18/2012
Date Completed	12/19/2012

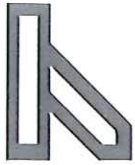
Operator	A.P.I #	County	State
Post Rock Energy	15-205-28073-00-00	Wilson	Kansas

Well No.	Lease	Sec.	Twp.	Rge.
27-5	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

0-3	DIRT	615-616	COAL		
3-15	CLAY	616-645	LIME		
15-120	SHALE	645-648	BLACK SHALE		
120-123	LIME	648-687	SHALE		
123-133	SAND	687-706	LIME		
133-142	LIME	706-712	BLK SHALE (SUMMIT)		
142-145	SHALE	712-719	LIME		
145-146	COAL	719-726	BLK SHALE (MULKY)		
146-170	SHALE	726-807	SHALE		
170-173	LIME	807-809	LIME (V-LIME)		
173-204	SHALE	809-810	SHALE		
204-208	LIME	810-812	COAL (CROWBERG)		
208-211	SHALE	812-847	SANDY SHALE		
211-235	LIME	847-848	COAL		
235-238	SHALE	848-895	SANDY SHALE		
238-282	LIME	895-896	COAL		
282-289	SANDY SHALE	896-915	SAND/ LT ODOR		
289-296	LIME / DAMP	915-925	SAND / ODOR		
296-308	SAND	925-931	SAND/ ODOR & SHOW		
308-325	SHALE	931-932	COAL		
325-353	LIME	932-940	SANDY SHALE/ LT ODOR		
353-359	SHALE	940-950	SHALE		
359-405	LIME / WET	950-953	COAL		
405-470	SHALE	953-967	SAND / NO ODOR		
470-473	LIME	967-1032	SHALE		
473-482	LMY SHALE	1032	TD		
482-596	SHALE				
596-597	COAL				
597-606	SHALE				
606-615	LIME				



PostRock
Energy Corporation

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

TICKET NUMBER **7406**
FIELD TICKET REF# _____
FORMAN Darrell Chaney
AFE D12024
SSI _____
API 15-205-28073-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-21-12	Hardin, B. 27-5	27	28S	17E	Wilson

FORMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILR #	TRUCK HOURS	EMPLOYEE SIGNATURE
Darrell Chaney	6:30	3:00		905575		8.5	<i>[Signature]</i>
Coos Cochman	6:30	2:00		903197		7.5	<i>[Signature]</i>
Michael Thomas	6:30	2:00		903600		2.5	<i>[Signature]</i>
Robert Rice	6:30	2:30		931400	939900	8	<i>[Signature]</i>
John Walker	6:30	1:30		903414	932705	7	<i>[Signature]</i>
Coy Chism	10:30	2:15		931505	931395	2.45 3.75	<i>[Signature]</i>

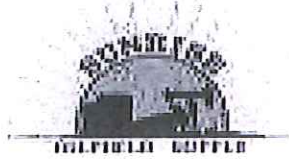
JOB TYPE Long String HOLE SIZE 8 HOLE DEPTH 1032 CASING SIZE & WEIGHT 5.5" 14 lb/ft
 CASING DEPTH 1025.54' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS:
Used Big baffle ring for small well.
When we fired up the mono it was froze up - had to go to 2 for
1000' Caused one hr delay
Set plug at 9000 psi. casing on clamp.

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
905575	1	Forman Pickup	
903197	1	Cement Pump Truck	
903600	1	Bulk Truck	
903414	2	Transport Truck	
932705	2	Transport Trailer	
		80 Vac	
931400 & 932900	1.71	Casing Truck & Trailer	
	1025.54'	Casing	
	5	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	1	Frac Baffles	
	150 SKS	Portland Cement	
	6 SKS	Gilsonite <u>Sodium Silicate</u>	
	14 lbs	Flo-Seal <u>Thixotropic additive</u>	
	5 SKS	Premium Gel	
	6 SKS	Cal Chloride	
	2.50 bbl	City Water	
		KCL	
	30 SKS	KOL Seal	
	1 SK	Cotton Seed Hulls	
	1.5 SKS	Cement Fluid loss	

Hardin 27-5

SUNRISE OILFIELD SUPPLY



API-15-205-28073-00-00

FE: 12-20-2012

OF

CUSTOMER: PR

B.HARDIN 27-5 AFE D12024

ORDERED BY

SHIP VIA

Actual TD- 1032'

PIPE TALLY SHEET

Number	Length	Number	Length
1	42.16	28	
2	42.18	29	
3	42.19	30	
4	42.19	31	
5	43.15	32	
6	42.12	33	
7	42.11	34	
8	43.04	35	
9	43.06	36	
10	42.98	37	
11	43.05	38	
12	43.08	39	
13	43.05	40	
14	43.06	41	
15	43.15	42	
16	43.12	43	
17	43.05	44	
18	43.02	45	
19	43.07	46	
20	43.10	47	
21	43.08	48	
22	42.99	49	
23	40.10	50	
24	38.42		
25	10.02		
26	10.10		
27	5.02		

Casing Talley
1,025.54'

Baffle - 812.83

Baffle

TOTAL: 1045.66

TOTAL:

TOTAL FOOTAGE:

TOTAL JOINTS:

Log Bottom - 1,014'

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 15-205-28073-00-00
HARDIN, B 27-5
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