



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1124044
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: _____



1124044

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)* _____

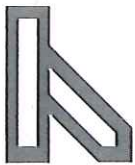
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	CARLSON, BARRY L 5-2
Doc ID	1124044

All Electric Logs Run

DIL
CDL
NDL
TEMP
CBL



PostRock
Energy Corporation

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

#1

TICKET NUMBER **7407**
FIELD TICKET REF# _____
FORMAN Nathan Gahman
AFE D12030
SSI _____
API 15-205-28080-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-8-13	Carlson, Barry L. 5-2	5			Wilson

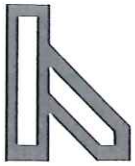
FORMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILR #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	6:30	12:30		905525		6	<i>Nathan Gahman</i>
Chris Kincaid	6:30			903197		6	<i>Chris Kincaid</i>
Michael Thomas	6:30			903103		6	<i>Michael Thomas</i>
Robert Rice	6:30			931400	932900	6	<i>Robert Rice</i>
Larry Reddick	6:30			903401	932120	6	<i>Larry Reddick</i>
Colby Dean	7:00			904730		5.5	<i>Colby Dean</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH ~~1100~~ 1107 CASING SIZE & WEIGHT 5 1/2, 14#
 CASING DEPTH 1105.38 DRILL PIPE _____ TUBING _____ OTHER 6us Jmc rig crew
 SLURRY WEIGHT 13.5 SLURRY VOL 180 sks WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 27 bbl DISPLACEMENT PSI ~~250~~ 300 MIX PSI ~~250~~ 300 RATE 4.5

REMARKS:
 On location 7:30. Rig crew on location 8:15. Started running casing 8:45. Hit
 bridge with 5 joint remaining. Washed in 20', then ran in 3 full joints
 worked in last full joint. Ready to cement at 11:00. Ran 60 bbl ~~27~~ sweep follow
 by 18 bbl dye. Had electric switch failure on bulk truck. Had to shut down
 job for repairs. Ready to restart job at 11:45. Restarted job with

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
905525	1	Forman Pickup	
903197	1	Cement Pump Truck	
903103	1	Bulk Truck	
9031505	2	Transport Truck	
931395	2	Transport Trailer	
904730	1	80 Vac	
931400	1	Casing Truck	
	1105.38'	Casing	
	6	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	1	Frac Baffles	4.75
	145 sks	Portland Cement	
	6 sks	Gilsonite Sodium Silicate	
	1.5 sks	Flow Seal Cement fluid loss	
	8 sks	Premium Gel	
	6 sks	Cal Chloride	
	200 bbl	City Water	
	14 lbs	KEL Thixotropic additive	
	30 sks	KOL Seal	
	1 sk	Cotton Seed Hulls	
932900	1	Casing trailer	

b/c MGRYER



PostRock
Energy Corporation

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

#2

TICKET NUMBER **7409**
FIELD TICKET REF# _____
FORMAN Nathan G. G. G.
AFE D 12030
SSI _____
API 15-205-28080-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-8-13	Carlson, Berry L. 5-2	5			Wilson

FORMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILR #	TRUCK HOURS	EMPLOYEE SIGNATURE

JOB TYPE Lang String HOLE SIZE 2 7/8 HOLE DEPTH 1102 CASING SIZE & WEIGHT 5 1/2 14#
 CASING DEPTH 1105.38 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL 180 sks WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 27 bbl DISPLACEMENT PSI 350 MIX PSI 300 RATE 4.5

REMARKS:
Pumped 18 bbl dye then pumped 180 sks ^{slurry} cement to get dye to surface
Launched plug set float shoe held 100psi for 3 min. Cleared
up equipment and left location. slight oil show well will
need topoff.

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
		Forman Pickup	
		Cement Pump Truck	
		Bulk Truck	
		Transport Truck	
		Transport Trailer	
		80 Vac	
		Casing Truck	
		Casing	
		Centralizers	
		Float Shoe	
		Wiper Plug	
		Frac Baffles	
		Portland Cement	
		Gilsonite	
		Flo-Seal	
		Premium Gel	
		Cal Chloride	
		City Water	
		KCL	
		KOL Seal	
		Cotton Seed Hulls	

Carlson 5-2

Pipe #	Length	Running Total	Baffle Location	PostRock Energy- Casing Tally Sheet
1	43.4	43.1		Date:
2	43.31	86.11		Well Name & #:
3	43.37	129.18		Township & Range:
4	43.35	172.23		County/State:
5	43.36	215.29		AFE#:
6	43.34	258.33		API# / 5-205-28080-00-00
7	43.29	301.32		Comments:
8	43.31	344.33		Projected TD-
9	43.36	387.39		Yellow
10	43.37	430.46		Joints are numbered in yellow
11	43.36	473.52		
12	43.37	516.59		Added 4 subs (27-30)
13	43.36	559.65		27)
14	43.35	602.7		28)
15	43.36	645.76		29)
16	43.37	688.83		30)
17	43.39	731.92		Added these subs for
18	43.38	775		flexibility to adjust to actual TD
19	43.35	818.05		
20	43.39	861.14		Trailer#
21	43.37	904.21		
22	43.33	947.24		Actual TD - 1107'
23	43.33	990.27		Log Bottom - 1080'
24	43.32	1033.29		
25	43.29	1076.28		
26	5	1080.98		
27	10	1090.68		Centralizers - 1 st Joint, then
28	15	1105.38		every 5 th joint to surface.
29		1105.08		
30		1104.78		
31		1104.48		
32		1104.18		
33		1103.88		
34		1103.58		
35		1103.28		
36		1102.98		
37		1102.68		
38		1102.38		
39		1102.08		
40		1101.78		

Baffle →

PostRock Energy Corp.

Award Callers 972-992

Baffle - 880



Thornton Air Rotary, LLC

PO Box 449
Caney, KS 67333

Date	Invoice #
1/4/2013	291-2

Phone # 620-879-2073 E-Mail
Fax # 620-879-2073 thorntonairrotary@hotmail.com

Carlson, Barry L 5-2
API# 15205280800000

Bill To
Post Rock Energy Corporation 210 Park Avenue, Suite 2750 Oklahoma City, OK 73102

Terms
Due on receipt

Description	Footage/Quantity	Rate	Amount
Carlson, Barry L Well # 5-4 <div style="border: 1px solid red; padding: 2px; display: inline-block;">Carlson, Barry L 5-2 API# 15205280800000</div>	1,107	8.50	9,409.50

We appreciate the opportunity to work for you!		Total	\$9,409.50
		Payments/Credits	\$0.00
		Balance Due	\$9,409.50

Air Drilling Specialist
Oil & Gas Wells

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

PO Box 449
Caney, KS 67333

Date Started	12/19/2012
Date Completed	1/3/2013

Carlson, Barry L 5-2
API# 15205280800000

Operator	A.P.I #	County	State
Post Rock Energy	15-205-28069-00-00	Wilson	Kansas

Well No.	Lease	Sec.	Twp.	Rge.
5-4	Carlson, Barry L	5	28	17

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
Oil	Brantley Thornton	5	20' 8 5/8	1107	7 7/8

Formation Record

0-2	MUD	635-667	LIME (PAWNEE)	1096-1107	SANDY SHALE
2-8	SHALE	667-690	SHALE	1107	TD
8-10	LIME	690-704	LIME (OSWEGO)		
10-80	SHALE	704-710	BLK SHALE (SUMMIT)		
80-115	LIME	710-722	LIME		
115-145	SAND / DAMP	722-727	BLK SHALE (MULKY)		
145-200	SAND / REAL DAMP	727-728	COAL		
206	WENT TO WATER	728-731	LIME		
200-241	SHALE	731-744	SANDY SHALE		
241-243	LIME	744-745	COAL / BLK SHALE		
243-260	SANDY SHALE	745-788	SHALE		
260-279	LIME	788-789	BLK SHALE / COAL		
279-290	SHALE	789-825	SHALE		
290-320	LIME	825-826	BLK SHALE / COAL		
320-350	SANDY SHALE	826-925	SAND		
350-365	LIME	925-927	COAL (WEIR)		
365-374	SHALE	927-933	SAND (BVILLE)		
374-375	COAL	933-938	SAND / GOOD ODOR		
375-415	LIME	938-960	SANDY SHALE		
415-420	SHALE	960-962	COAL		
420-440	BLACK SHALE	962-980	SAND		
440-465	SANDY SHALE	980-990	SAND / ODOR & SHOW		
465-493	SAND	990-1010	SAND / GOOD ODOR		
493-500	BLACK SHALE	1010-1025	SAND / ODOR & SHOW		
500-525	LIME	1025-1045	SAND / LT ODOR		
525-530	SANDY LIME	1045-1075	SANDY SHALE / LT ODOR		
530-540	LIME	1075-1088	SANDY SHALE		
540-560	LMY SHALE	1088-1090	COAL		
560-634	SHALE	1090-1094	SANDY SHALE		
634-635	COAL (MULBERRY)	1094-1096	COAL		

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 15-205-28080-00-00
CARLSON, BARRY L 5-2
NE/4 Sec.05-28S-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