



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1124045  
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: \_\_\_\_\_



1124045

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](mailto: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> _____
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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	GRADY, JAMES A 5-4
Doc ID	1124045

All Electric Logs Run

DIL
NDL
CDL
TEMP
CBL



**Thornton Air Rotary, LLC**

PO Box 449  
Caney, KS 67333

Date	Invoice #
1/4/2013	292-2

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
Grady, James A Well # 5-4	1,107	8.50	9,409.50

We appreciate the opportunity to work for you!

<b>Total</b>	\$9,409.50
<b>Payments/Credits</b>	\$0.00
<b>Balance Due</b>	\$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	<b>1/3/2013</b>
Date Completed	<b>1/4/2013</b>

Operator	A.P.I #	County	State
<b>Post Rock Energy</b>	<b>15-205-28078-00-00</b>	<b>Wilson</b>	<b>Kansas</b>

Well No.	Lease	Sec.	Twp.	Rge.
<b>5-4</b>	<b>Grady, James A</b>	<b>5</b>	<b>28</b>	<b>17</b>

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
<b>Oil</b>	<b>Brantley Thornton</b>	<b>5</b>	<b>25' 8 5/8</b>	<b>1107</b>	<b>7 7/8</b>

**Formation Record**

0-6	MUD	712-720	BLK SHALE (SUMMIT)		
6-12	SHALE	720-732	LIME		
12-20	LIME	732-737	BLACK SHALE (MULKY)		
20-30	SHALE	737-738	COAL		
30-45	LIME	738-741	LIME		
45-50	SANDY LIME	741-804	SHALE		
50-60	LIME	804-806	COAL		
60-115	SHALE	806-830	SHALE		
115-127	LIME	830-850	SANDY SHALE		
127-206	SAND / DAMP	850-862	SAND		
206-225	SANDY LIME	862-863	COAL		
225-227	COAL	863-892	SAND		
227-290	LIME	892-893	COAL		
290-327	LMY SHALE	893-960	SAND		
327-340	LIME	960-980	SAND / LT ODOR & SHOW		
340-352	BLACK SHALE	980-1002	SAND / ODOR & GOOD SHOW		
352-420	LIME	1002-1015	SAND / GOOD ODOR & SHOW		
420-450	SANDY SHALE	1015-1050	SAND / GOOD ODOR & STRONG SHOW		
450-465	LIME	1050-1075	SAND / LT ODOR		
465-511	SANDY SHALE	1075-1085	SANDY SHALE		
511-530	LIME	1085-1090	SHALE		
530-637	SAND (WISER)	1090-1091	COAL		
637-638	COAL (MULBERRY)	1091-1106	SANDY SHALE		
638-660	LIME (PAWNEE)	1106-1107	COAL		
660-696	SHALE	1107	TD		
696-700	LIME (OSWEGO)				
700-701	COAL				
701-706	LIME				
706-710	COAL				
710-712	LIME				



# Thornton Air Rotary, LLC

PO Box 449  
Caney, KS 67333

Date	Invoice #
1/4/2013	292-2

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

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Air Drilling Specialist  
Oil & Gas Wells

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

PO Box 449  
Caney, KS 67333

Date Started	<b>1/3/2013</b>
Date Completed	<b>1/4/2013</b>

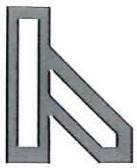
Operator	A.P.I #	County	State
<b>Post Rock Energy</b>	<b>15-205-28078-00-00</b>	<b>Wilson</b>	<b>Kansas</b>

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660-696	SHALE	1107	TD		
696-700	LIME (OSWEGO)				
700-701	COAL				
701-706	LIME				
706-710	COAL				
710-712	LIME				



**PostRock**  
Energy Corporation

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

TICKET NUMBER **7408**  
FIELD TICKET REF# \_\_\_\_\_  
FORMAN Nathan Gahman  
AFE D12029  
SSI \_\_\_\_\_  
API 15-205-28078-00-00

**TREATMENT REPORT  
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-8-13	Grady, James A. 5-4	5			Wilson

FORMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILR #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	12:30	4:30		905525		4	<i>Nathan Gahman</i>
Chris Kincaid		3:30		903197		3	<i>Chris Kincaid</i>
Michael Thomas		4:30		903103		4	<i>Michael Thomas</i>
Robert Rice		5:00		931400	932900	4.5	<i>Robert Rice</i>
Larry Redlick		3:30		903401	932120	3	<i>Larry Redlick</i>
Colby Deann		3:30		904730		3	<i>Colby Deann</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 1107 CASING SIZE & WEIGHT 5 1/2" 14#  
 CASING DEPTH 1101.64 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER Bus Jones rig crew  
 SLURRY WEIGHT 13.5 SLURRY VOL 174 sks WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 0  
 DISPLACEMENT 26.9 bbl DISPLACEMENT PSI 800 MIX PSI 300 RATE 4.5

REMARKS:  
Started running casing at 1:00. washed in approx 50'. Ready to cement at 2:40. Ran 60 bbl gel sweep followed by 18 bbl dye. Pumped 174 sks slurry to get dye to surface. Launched plug. Set float shoe held 900 psi for 3min. cleaned up equipment and left location. Will need top off. Trace oil show.

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	
403 401 / 931805	2	Transport Truck	
932 120 / 931395	2	Transport Trailer	
904730	1	80 Vac	
931400	1	Casing Truck	
	1101.64	Casing	
	6	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	1	Frac Baffles 4.75	
	174 sks	Portland Cement	
	6 sks	Gileonite Sodium silicate	
	1.5 sks	Flo-Seal Cement Fluid loss	
	7 sks	Premium Gel	
	6 sks	Cal Chloride	
	200 bbl	City Water	
	15 lbs	KOL Thixotropic additive	
	25 sks	KOL Seal	
	1 sk	Cotton Seed Hulls	
<del>932900</del>	1	casing trailer	
932900			



# Grady 5-4

Pipe #	Length	Running Total	Baffle Location	PostRock Energy- Casing Tally Sheet
1	43.32	43.02		Date:
2	43.4	86.12		Well Name & #:
3	43.37	129.19		Township & Range:
4	43.39	172.28		County/State:
5	43.43	215.41		AFE#:
6	43.34	258.45		API# 15-205-28078-00-00
7	43.32	301.47		Comments:
8	43.3	344.47		Projected TD-
9	43.36	387.53		
10	43.35	430.58		white joints are numbered in yellow
11	43.38	473.66		
12	43.35	516.71		Added 4 subs (27-30)
13	43.35	559.76		27)
14	43.42	602.88		28)
15	43.32	645.9		29)
16	43.4	689		30)
17	43.34	732.04		Added these subs for
18	43.36	775.1		flexibility to adjust to actual TD
19	43.36	818.16		
20	43.35	861.21		Trailer#
21	43.37	904.28		
22	43.35	947.33		Actual TD - 1107'
23	43.33	990.36		Log Bottom - 1101'
24	43.37	1033.43		
25	43.34	1076.47		
26	<del>43.35</del>	<del>1119.52</del>		
27	5	1124.22		Casing Tally 1101'
28	10.02	1133.94		
29	10.15	1143.79		
30		1143.49		
31		1143.19		Centralizers first joint, then
32		1142.89		every 5th to surface.
33		1142.59		
34		1142.29		
35		1141.99		
36		1141.69		
37		1141.39		
38		1141.09		
39		1140.79		
40		1140.49		

Baffle →

PostRock Energy Corp.

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 15-205-28078-00-00  
GRADY, JAMES A 5-4  
SW/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