



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1124055
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: _____



1124055

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	GROSDIDIER, FRANCIS E 15-4
Doc ID	1124055

All Electric Logs Run

DIL
CDL
NDL
TEMP

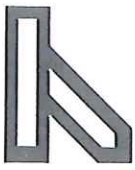
Michael Drilling, LLC
P.O. Box 402
Iola, KS 66749
620-496-7795

Company: Post Rock
Address: 210 Park Ave. Suite 2750
Oklahoma City, Oklahoma 73102
Ordered By: Larry

Date: 01/22/13
Lease: Francis Grosdidier
County: Neosho
Well#: 15-4
API#: 15-133-27616-00-00

Drilling Log

FEET	DESCRIPTION	FEET	DESCRIPTION
0-20	Overburden		
20-88	Shale		
88-106	Lime		
106-180	Shale-Sandy Shale		
180-190	Lime		
190-220	Sandy Lime		
220-275	Sandy Shale		
275-296	Lime		
296-303	Black Shale		
303-307	Lime		
307-313	Shale		
313-330	Sand - Light Oder323-330 Free oil		
330-417	Shale		
417-421	Lime		
421-424	Black Shale		
424-477	Shale		
477-487	Sand With Oder		
487-562	Shale		
562-563	Lime		
563-690	Shale - Sandy Shale		
690	TD		
	Surface 20'		



PostRock
Energy Corporation

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

TICKET NUMBER **7419**
FIELD TICKET REF# _____
FORMAN Nathan Gohman
AFE D12031
SSI _____
API 15-133-27616-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
1-25-13	Grosdidier, Francis 15-4		15	285	20E	Neosho	
FORMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILR #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gohman	6:30	11:30		905525		5	Nathan Gohman
Barry Welch	6:45	11:30		931400	932900	4.75	Barry Welch

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 690 CASING SIZE & WEIGHT 5 1/2 14#
 CASING DEPTH 681.84 DRILL PIPE _____ TUBING _____ OTHER Bus Jones rig crew
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 16.6 bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS:
On location 8:00. Rig crew on location at 8:30. Ran in all joints. Didn't have to wash in any joints. Ready to cement at 10:00. See Cows ticket for cement job details. Very good oil show no top off needed.

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
905525	1	Forman Pickup	
		Cement Pump Truck	
		Bulk Truck	
		Transport Truck	
		Transport Trailer	
		80 Vac	
931400	1	Casing Truck	
	681.84	Casing	
	5	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
		Frac Baffles	
		Portland Cement	
	9 lbs	Gilsonite <u>Thirotropic Additive</u>	
		Flo-Seal	
	5 sks	Premium Gel	
		Cal Chloride	
		City Water	
		KCL	
		KOL Seal	
	1 sk	Cotton Seed Hulls	
932900	1	Casing trailer	



CONSOLIDATED
Oil Well Services, LLC

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

FIELD TICKET & TREATMENT REPORT
CEMENT

API # 15-133-27616

TICKET NUMBER 41224
LOCATION Eureka
FOREMAN Rick Ledford

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-25-13		Francis Grastidice 15-4				Neosho
CUSTOMER		Post Rock Energy Corp	Cus Jones			
MAILING ADDRESS		4467 Johnson Rd	TRUCK #	DRIVER	TRUCK #	DRIVER
CITY		Chanute	445	Dave		
STATE		Ks	1667	Jim		
ZIP CODE			619/791	George Taylor (Mayer)		

JOB TYPE L/S O HOLE SIZE 7 7/8" HOLE DEPTH 690' CASING SIZE & WEIGHT 5 1/2" 14# new
 CASING DEPTH 692' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 135# SLURRY VOL 32 Bbl WATER gal/sk 8.8 CEMENT LEFT in CASING 0'
 DISPLACEMENT 116 1/2 Bbl DISPLACEMENT PSI 300 MIX PSI 800 Bump plus RATE _____

REMARKS: Safety meeting. Rig up to 5 1/2" casing. Break circulation w/ 12 Bbl fresh water. Pump 500# gel flush w/ bull's, 10 Bbl water spacer & 8 Bbl dye water. Mixed 100 sks class A cement w/ 2% cacl2, 2% metasilicate, 1/2% cfl-us, 1/4% coathix-p & 16" Ret-seal / sk @ 13.5" / gal yield 1.82. Washout pump + lines, release plug. Displace w/ 116 1/2 Bbl fresh water. Final pump pressure 300 PSI. Bump plug to 800 PSI, release pressure, float plug hold. Cool cement returns to surface = 6 Bbl slurry top. Job complete. Rig down.

Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	80	MILEAGE 1st well out of 2	4.00	320.00
11045	100 sks	class A cement	14.95	1495.00
1107	196 #	2% cacl2	.74	146.60
1111A	190 #	2% metasilicate	2.00	380.00
1133A	45 #	1/2% cfl-us	10.55	474.75
	10	1/4% coathix-p (provided by Post Rock)	n/c	n/c
1116A	1066 #	16" Ret-seal / sk	.410	460.00
5407A	5 1/2	ten mileage bulk + cv	1.34	557.44
5501C	4 hrs	water transport	112.00	448.00
1123	5086 gals	city water	16.50/1000	82.50
		7.3%	Subtotal	5388.29
			SALES TAX	221.40
			ESTIMATED TOTAL	5609.69

Ravin 3737

AUTHORIZATION [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.

Grosdidier, Francis 15-4

Pipe #	Length	Running Total	Baffle Location	PostRock Energy- Casing Tally Sheet
1	39.63	39.63		Date: 1/22/2013
2	38.55	78.18		Well Name & #: Francis Grosdidier 15-4
3	39.89	118.07		Township & Range: 28S-20E
4	39.51	157.58		County/State: Neosho/ Wilson
5	39.77	197.35		AFE#: D12031
6	39.41	236.76		API# 15-133-27616-00-00
7	39.29	276.05		Comments:
8	38.43	314.48		Projected TD- 690'
9	40	354.48		
10	38.72	393.2		Joins are numbered in white
11	39.59	432.79		
12	39.03	471.82		Added 3 subs (18-20)
13	39.68	511.5		18) 8.13
14	39.03	550.53		19) 4.28
15	40.05	590.58		20) 9.89
16	39.58	630.16		Added these subs for
17	39.27	669.43		flexibility to adjust to actual TD
18	8.13	677.56		
19	4.28	681.84		
20	9.89	691.73		Trailer#
				Loaded on top
				Actual TD - 690'
				Log Bottom 685'
				Casing Tally - 681.84
				<u>No Baffles</u>
				Centralizers - 1 st joint, then
				every 5 th joint to surface.

Toy

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

May 14, 2013

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

Re: ACO1
API 15-133-27616-00-00
GROSDIDIER, FRANCIS E 15-4
SE/4 Sec.15-28S-20E
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