



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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- 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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

- Letter of Confidentiality Received
 Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> 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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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
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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	SHAW ENTERPRISES 28-9
Doc ID	1137394

All Electric Logs Run

CBL
DIL
CDL
NDL
TEMP

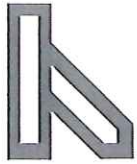
Michael Drilling, LLC
P.O. Box 402
Iola, KS 66749
620-496-7795

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

Date: 02/13/13
Lease: Shaw Enterprises
County: Neosho
Well#: 28-9
API#: 15-133-27632-00-00

Drilling Log

FEET	DESCRIPTION	FEET	DESCRIPTION
0-6	Overburden	309-312	Lime
6-7	Gravel	312-354	Sandy Shale Wet
7-43	Lime	354-358	Sandy Lime Wet
43-47	Dark Shale	358-363	Shale
47-51	Lime	363-397	Sandy Lime Wet
51-57	Shale	397-435	Sandy Shale
57-65	Sand Damp	435-436	Coal
65-88	Sandy Shale	436-458	Lime
88-102	Lime	458-467	Shale
102-133	Shale	467-471	Lime
133-143-	Lime	471-473	Shale
143-147	Black Shale Wet	473-474	Coal
147-151	Lime	474-558	Shale
151-169	Shale	558-560	Coal
169-172	Lime	560-580	Shale
172-175	Shale	580-581	Lime
175-180	Lime	581-620	Shale Dark
180-196	Shale	620-625	Black Shale
196-200	Lime	625-626	Coal
200-234	Sandy Shale	626-638	Sandy Shale
234-253	Sandy Lime	638-639	Coal
253-263	Sandy Shale	639-654	Sandy Shale
263-275	Lime	654-657	Sand Oder
275-309	Sandy Shale	657-666	Sand Oil Show Free Oil



PostRock
Energy Corporation

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

TICKET NUMBER **7458**
FIELD TICKET REF# _____
FORMAN Nathan Gahman
AFE D13021
SSI _____
API 15-133-27632-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-14-13	Shaw Enterprises 28-9	28	28S	19E	Neosho

FORMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILR #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	11:00	1:00		905525		3	<i>Nathan Gahman</i>
Chris Kincaid				931400	932900	3	<i>Chris Kincaid</i>
Greg Blackmore				704815		3	<i>Greg Blackmore</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 800 CASING SIZE & WEIGHT 5 1/2, 14#
 CASING DEPTH 793.6 DRILL PIPE _____ TUBING _____ OTHER Cous Jones rig crew
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 19.4 bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.5 bpm

REMARKS:
On location at 11:00. Ready to run casing at 11:15. Worked in final 10'. Ready to cement at 11:45. See COWS ticket for cement job details. Great oil show. May need topoff

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	
	793.6'	Casing	
	5	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	-	Frac Baffles	
		Portland Cement	
		Gilsonite	
	11 lbs	Flo-Seal Thixotropic Additive	
	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

TICKET NUMBER 41330

LOCATION Enfers

FOREMAN Rick Lusk

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

FIELD TICKET & TREATMENT REPORT

CEMENT

API # 15-133-27632

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-14-13		Shaw Enterprises 28-9				Neosho
CUSTOMER Post Rock Energy Corp			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 4400 Johnson Rd			520	Shannon		
CITY Chanute			662	Chris B.		
STATE KS			83	Alan G.		
ZIP CODE			613/791	George Taylor (Anger)		

JOB TYPE <u>lys 0</u>	HOLE SIZE <u>2 7/8"</u>	HOLE DEPTH <u>806</u>	CASING SIZE & WEIGHT <u>5 1/2" 14"</u>
CASING DEPTH <u>793' Bbl</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT <u>13.5"</u>	SLURRY VOL <u>39 Bbl</u>	WATER gal/sk <u>8.8</u>	CEMENT LEFT in CASING <u>0</u>
DISPLACEMENT <u>17.3 Bbl</u>	DISPLACEMENT PSI <u>500</u>	MIX PSI <u>1000 bump plug</u>	RATE <u>4 Bbl</u>

REMARKS: Safety meeting. Rig up to 5 1/2" casing. Break circulation w/ 25 Bbl fresh water. Pump 500' get flush w/ balls 10 Bbl water spacer 11 Bbl dye water. Mixed 120 srs class A cement w/ 2% cacil, 2% metasilicate & 1/2% CSI-115. 1/4% ceathix-P 10" Kalsol/ks & 1" phososeal/ks @ 13.5#/gal yield 1.82. Washout pump + loss, release plug. Displace w/ 17.3 Bbl fresh water. Final pump pressure 500 PSI. Pump plug to 1000 PSI. release pressure, fluid + plug held. Crowd cement returns to surface = 2 Bbl slurry to pit. Job complet. 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	8	MILEAGE 2 nd well of 3	n/c	n/c
11045	120 srs	class A cement	14.95	1794.00
1109	225"	2% cacil	.74	166.50
1111A	225"	2% metasilicate	2.00	450.00
1135A	59"	1/2% CSI-115	10.55	622.45
	11"	1/4% ceathix-P	n/c	n/c
1160A	120"	10" Kalsol/ks	.46	552.00
1162A	120"	1" phososeal/ks	1.29	154.80
5402A	6.24	fuel mileage bulk fuel	1.34	668.93
5501C	3 hrs	water transport	112.00	336.00
5502C	3 hrs	80 Bbl HAC TR	90.00	270.00
1123	8000 gal	city water	16.50/1000	132.00
			estimated	6176.68
		7.3%	SALES TAX	282.64
			ESTIMATED TOTAL	6459.32

Ravin 3737

AUTHORIZATION NLS 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.

Shaw Enterprises 28-9

Pipe #	Length	Running Total	Baffle Location	PostRock Energy- Casing Tally Sheet
1	39.25	39.25		Date: 2/13/2013
2	38.3	77.55		Well Name & #: Shaw Ent 28-9
3	38.47	116.02		Township & Range: 28S-19E
4	39.65	155.67		County/State: Neosho/ Kansas
5	38.55	194.22		AFE#: D13021
6	38.15	232.37		API# 15-133-27632-00-00
7	38.36	270.73		Comments: Projected TD- 800'
8	38.7	309.43		
9	38.19	347.62		Joints are numbered in yellow
10	39.23	386.85		
11	38.84	425.69		Added 2 joints & 4 subs (21-26) 21) 39.20 22) 38.13 23) 14.77 24) 4.64 25) 3.88 26) 10.10
12	38.82	464.51		
13	38.63	503.14		
14	38.62	541.76		
15	38.11	579.87		
16	39.03	618.9		
17	38.86	657.76		Added these subs for flexibility to adjust to actual TD
18	39.69	697.45		
19	39.04	736.49		Actual TD - 800
21	39.2	814.15		
22	38.13	852.28		Log Bottom - Casing Tally - 793.6 No Baffles
23	14.77	789.72		
24	4.64	794.36		Centralizers 1st joint then every 5th to surface.
25	3.88	793.6		
26	10.1	803.7		
				Loaded on top the Davidson 18-3, that was loaded at SOSC

PostRock Energy Corp.