



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1137384  
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: \_\_\_\_\_



1137384

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

<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> _____ <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	MIH, ALEXANDER D 21-3
Doc ID	1137384

All Electric Logs Run

DIL
CDL
NDL
TEMP
CBL

Air Drilling Specialist  
Oil & Gas Wells

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

PO Box 449  
Caney, KS 67333

Date Started	<b>4/3/2013</b>
Date Completed	<b>4/10/2013</b>

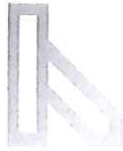
Operator	A.P.I #	County	State
<b>Post Rock Energy</b>	<b>15-133-27653-00-00</b>	<b>Neosho</b>	<b>Kansas</b>

Well No.	Lease	Sec.	Twp.	Rge.
<b>21-3</b>	<b>Mih, Alexander D</b>	<b>21</b>	<b>28</b>	<b>19</b>

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
<b>Oil</b>	<b>Brantley Thornton</b>	<b>5</b>	<b>21' 8 5/8</b>	<b>781</b>	<b>7 7/8</b>

**Formation Record**

0-10	MUD				
10-75	LIME				
75-100	SHALE				
100-165	LIME				
165-210	SANDY SHALE				
210-220	LIME				
220-282	SANDY SHALE				
282-295	LIME				
295-325	SANDY SHALE				
325-365	LIME (PAWNEE)				
365-411	SHALE				
411-430	LIME (OSWEGO)				
430-436	BLK SHALE (SUMMIT)				
436-440	LIME				
440-444	BLK SHALE (MULKY)				
444-446	LIME				
446-591	SANDY SHALE				
591-592	COAL				
592-606	SANDY SHALE				
606-607	COAL				
607-615	SAND				
615-630	SAND / GOOD ODOR & SHOW				
630-645	SANDY SHALE				
645-646	COAL				
646-708	SAND / WHITE SAND				
708-718	SANDY SHALE				
718-719	COAL				
719-781	SANDY SHALE				
781	TD				



**PostRock**  
Energy Corporation

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

TICKET NUMBER **8025**  
FIELD TICKET REF # \_\_\_\_\_  
FOREMAN Nathan Cochran  
AFE D130704  
SSI \_\_\_\_\_  
API 15-133-27653-00-00

**TREATMENT REPORT  
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER				SECTION	TOWNSHIP	RANGE	COUNTY
4-12-13	Mih, Alexander D. 21-3				21	28S	19E	Neosho
FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE	
Nathan Cochran	6:00	11:00		905575		5	<i>Nathan Cochran</i>	
Chris Kincaid	6:30	1		931400	932895	4.5	<i>Chris Kincaid</i>	
Greg Blackwell	6:30	1		904605	933235	4.5	<i>Greg Blackwell</i>	

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 781 CASING SIZE & WEIGHT 5 1/2, 14#  
 CASING DEPTH 777.36 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER Gus Jones rig crew  
 SLURRY WEIGHT 13.5 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT IN CASING 0  
 DISPLACEMENT 18.9 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4.0

REMARKS: On location at 8:00, Spatted trucks with dozer dug out pit  
Ready to run casing at 8:30. Washed in final 45'. Ready  
to cement at 10:15. See COWS ticket for cement job  
details. Slight oil show No toptoff needed

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICE OR PRODUCT	TOTAL AMOUNT
905575	1	Foreman Pickup	
		Cement Pump Truck	
		Bulk Truck	
904605	1	Transport Truck Haul Truck	
933235	1	Transport Trailer Lowboy Trailer	
931150	1	80 Vac Dozer	
931400	1	Casing Truck	
932895	1	Casing Trailer	
	777.36	Casing	
	4	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	—	Frac Baffles	
		Portland Cement	
		CSA-122 Sodium Silicate	
		CGL-115 Cement Fluid Loss	
	4 sks	Premium Gel	
		Cal Chloride	
		City Water	
		ChemthixP Thixotropic	
		KOL Seal	
	1 sk	Cotton Seed Hulls	



**CONSOLIDATED**  
Oil Well Services, LLC

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

AFE# D13074  
ADJ# 15-133-27653

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

TICKET NUMBER 41483

LOCATION Eureka

FOREMAN Rex Ladd

GEORGE W TAYLOR

Chris B. Taylor

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-12-13		Mih. Alexander D. 21-3				Neosho
CUSTOMER <u>Post Rock Energy Corp</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>4402 Johnson Rd</u>			<u>520</u>	<u>John</u>		
CITY <u>Chanute</u>		STATE <u>KS</u>	ZIP CODE	<u>467</u>	<u>Chris B.</u>	
			<u>83</u>	<u>Alan G. (1040 TRK)</u>		
			<u>619/191</u>	<u>George Taylor (Trayer)</u>		

JOB TYPE L/S 0 HOLE SIZE 7 7/8 HOLE DEPTH 781' CASING SIZE & WEIGHT 5 1/2" 14"  
 CASING DEPTH 777.36 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.5\* SLURRY VOL 93.8bb1 WATER gal/sk 9.0 CEMENT LEFT in CASING 0'  
 DISPLACEMENT 19 Bbl DISPLACEMENT PSI 400 MIX PSI 900 Bump plus RATE 4 BPM

REMARKS: Safety meeting - Rig up to 5 1/2" casing. Washdown 40' to P&TD. Pump 400 gal flush w/ bulls. 10 Bbl water spacer, 9 Bbl dye water. Mixed 110 sks thickset cement w/ 5" Kalsol/5k 1" phenoseal/5k + 1/4" (FL-115 @ 13.5" gal. Washout pump + lines, release plug. Displace w/ 19 Bbl fresh water. Final pump pressure 400 PSI. Bump plug to 900 PSI, release pressure, flood + plug head. Good cement returns to surface = 7 Bbl slurry to pit. 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	70	MILEAGE	4.00	280.00
1126A	110 sks	thickset cement	19.20	2112.00
1116A	550 <sup>#</sup>	5" Kalsol/5k	.46	253.00
1107A	110 <sup>#</sup>	1" phenoseal/5k	1.29	141.90
1135A	26 <sup>#</sup>	1/4" (FL-115	10.55	274.30
5407A	6.65	ten mileage bulk tax	1.34	567.49
5501C	4 hrs	water transport	112.00	448.00
5502C	4 hrs	20 Bbl var TRK	90.00	360.00
1123	9000 gals	city water	16.50/1000	148.50
			subtotal	5615.19
			SALES TAX <u>7.3%</u>	213.87
			ESTIMATED TOTAL	5829.06

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.

# Mih, Alexander D. 21-3

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	42.48	42.23		Date: 4/12/13
2	42.42	84.4		Well Name & #: Mih Alexander D. 21-3
3	42.48	126.63		Township & Range: 28S-19E
4	42.51	168.89		County/State: Neosho/KS
5	42.49	211.13		AFE#: <del>D13075</del> D13074
6	42.47	253.35		API# 15-133-27653-00-00
7	42.5	295.6		Comments:
8	42.43	337.78		Projected TD- 770'
9	41.55	379.08		
10	42.49	421.32		Joints are numbered in White
11	41.8	462.87		
12	42.41	505.03		Subs are in orange
13	42.51	550.29		
14	42.49	589.53		
15	42.54	631.82		
16	42.23	673.8		
17	42.54	716.09		Added these subs for
18	42.49	758.33		flexibility to adjust to actual TD
19	14.94	773.02		
20	10.24	783.01		Trailer# 932895
21	9.39	792.15		
22	5.09	777.36		Actual TD - 781
23				Log Bottom - 777.60
24				Casing Tally - 777.36
25				No Baffles
26				Centralizers per SOP
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				

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

July 31, 2013

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

Re: ACO1  
API 15-133-27653-00-00  
MIH, ALEXANDER D 21-3  
NW/4 Sec.21-28S-19E  
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