



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1137386
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: _____



1137386

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	MIH, MARIAM L 10-6
Doc ID	1137386

All Electric Logs Run

CDL
NDL
DIL
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	4/12/2013
Date Completed	4/15/2013

Operator	A.P.I #	County	State
Post Rock Energy	15-133-27649-00-00	Neosho	Kansas

Well No.	Lease	Sec.	Twp.	Rge.
10-6	Mih, Miriam L	10	28	19

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
Oil	Brantley Thornton	5	22' 8 5/8	857	7 7/8

Formation Record

0-2	MUD	695-720	SANDY SHALE		
2-60	LIME	720-856	SHALE		
60-70	SANDY SHALE	856	TD		
70-75	LIME				
75-88	SAND				
88-106	SHALE				
106-120	LIME				
120-128	SAND / DAMP				
130	WENT TO WATER				
128-140	SHALE				
140-148	LIME				
148-152	SANDY SHALE				
152-250	LMY SHALE				
250-300	SANDY SHALE				
300-350	LIME				
350-357	SHALE				
357-400	LIME (PAWNEE)				
400-407	SHALE				
407-442	SANDY SHALE				
442-462	LIME (OSWEGO)				
462-469	BLK SHALE				
469-475	LIME				
475-484	BLK SHALE (MULKY)				
484-490	LIME				
490-580	SHALE				
580-581	COAL				
581-640	SANDY SHALE				
640-665	SHALE				
665-680	SAND / WHITE				
680-695	SAND/ BROWN, DECENT ODOR				



PostRock
Energy Corporation

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

TICKET NUMBER **8032**
FIELD TICKET REF # _____
FOREMAN Nathan Gahman
AFE D13075
SSI _____
API 15-133-27651-00-00

TREATMENT REPORT
& FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-16-13	Mih, Alexander D 21-1	21	28S	19E	Neosho

FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	11:00	2:00		905575		3	<i>Nathan Gahman</i>
Chris Kincaid		2:00		903142	932900	3	<i>Chris Kincaid</i>
Bob Lane							

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 781 CASING SIZE & WEIGHT 5 1/2, 14#
 CASING DEPTH 778.02 DRILL PIPE _____ TUBING _____ OTHER Cus Jones rig
 SLURRY WEIGHT 13.5 # SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 0
 DISPLACEMENT 19 DISPLACEMENT PSI 400 MIX PSI _____ RATE 4.0

REMARKS: On location at 11:00 ready to run casing at 11:15.
Washed in final 60', Ready to cement at 12:30. See
COWS ticket for cement job details, Good oil show
No top off needed.

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICE OR PRODUCT	TOTAL AMOUNT
905575	1	Foreman Pickup	
		Cement Pump Truck	
		Bulk Truck	
	1	Transport Truck <u>Haul Truck</u>	
	1	Transport Trailer <u>Equipment Trailer</u>	
930050	1	80 Vac <u>Dozer</u>	
	1	Casing Truck	
	1	Casing Trailer	
	778.02	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	
		Chemthix-P Thixotropic	
		KOL Seal	
	1 sks	Cotton Seed Hulls	



CONSOLIDATED
Oil Well Services, LLC

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

AFE # D13075
API # 15-133-27651

**FIELD TICKET & TREATMENT REPORT
CEMENT**

TICKET NUMBER 41488

LOCATION Eureka

FOREMAN Rick Ledford

[Handwritten signatures]
G. T. [unclear]
P. [unclear]

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-10-13		Mih Alexander O 21-1				Neosho
CUSTOMER <u>Post Rock Energy Corp</u>			TRUCK #			
MAILING ADDRESS <u>4402 Johnson Rd</u>			DRIVER			
CITY <u>Chanute</u>		STATE <u>KS</u>	ZIP CODE	TRUCK #		DRIVER
JOB TYPE <u>L/S 0</u>			HOLE SIZE <u>7 7/8"</u>	HOLE DEPTH <u>781'</u>	CASING SIZE & WEIGHT <u>5 1/2" 14"</u>	
CASING DEPTH <u>728.02</u>			DRILL PIPE	TUBING	OTHER	
SLURRY WEIGHT <u>13.5"</u>			SLURRY VOL <u>37 bbl</u>	WATER gal/sk <u>9.0</u>	CEMENT LEFT in CASING <u>0</u>	
DISPLACEMENT <u>19 bbl</u>			DISPLACEMENT PSI <u>400</u>	MIX PSI <u>900 Bump plug</u>	RATE <u>4 BPM</u>	

REMARKS: Safety meeting Rig up to 5 1/2" casing w/ washhead Washdown 55' to PBTD. Pump 400' gel flush w/ bull's, 16 bbl water spacer, 9 bbl dye water Mixed 110 sacks thickset cement w/ 5" Kalsol 1sx, 1" phenosan/1sx + 1/4" 26 cfl-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 held. Grad cement returns to surface = 6 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	0	MILEAGE 2nd well of 2	n/c	n/c
1126A	110 sacks	thickset cement	19.20	2112.00
1110A	550"	5" Kalsol/1sx	.46	253.00
1107A	110"	1" phenosan/1sx	1.29	141.90
1135A	26"	1/4" cfl-115	11.55	274.30
5407A	6.05	for mileage bulk tax	1.34	567.49
5501C	3 hrs	water transport	112.00	336.00
5502C	3 1/2 hrs	80 bbl WAC 702	90.00	315.00
1123	7800 gals	city water	16.94/1000	148.56
			subtotal	5178.19
			SALES TAX 7.3%	213.87
			ESTIMATED TOTAL	5392.06

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. 21-1

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	42.53	42.28		Date: 4/16/13
2	42.49	84.52		Well Name & #: Mih, Alexander 21-1
3	42.48	126.75		Township & Range: 28S-19E
4	42.47	168.97		County/State: Neosho/KS
5	42.41	211.13		AFE#: D13075
6	42.5	253.38		API# 15-133-27651-00-00
7	42.43	295.56		Comments: Projected TD- 770'
8	42.43	337.74		
9	42.52	380.01		
10	42.5	422.26		Joints are numbered in White
11	42.47	464.48		
12	41.99	506.22		Subs are in orange
13	42.13	551.1		
14	42.5	590.35		
15	42.47	632.57		
16	42.42	674.74		
17	42.24	716.73		Added these subs for
18	42.4	758.88		flexibility to adjust to actual TD
19	14.92	773.55		
20	10.01	783.31		Trailer# 932900
21	4.97	778.02		
22				Actual TD - 781
23				Log Bottom - 775
24				Casing Tally - 778.02
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 15-133-27649-00-00
MIH, MARIAM L 10-6
SE/4 Sec.10-28S-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