



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1137393  
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: \_\_\_\_\_



1137393

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	OLSON, RUBY A 2-16
Doc ID	1137393

All Electric Logs Run

CBL
DIL
CDL
NDL
WPL





**PostRock**  
Energy Corporation

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

TICKET NUMBER **8044**  
FIELD TICKET REF # \_\_\_\_\_  
FOREMAN Nathan Gahman  
AFE D13085  
SSI \_\_\_\_\_  
API 15-205-28149-00-00

**TREATMENT REPORT  
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
4-29-13	Olson, Ruby A. 2-16		2	28S	16E	Wilson	
FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	6:00	11:00		905575		5	Nat G
Chris Kincaid	6:30			903142	932900	4.5	
Greg Blackmore	6:30			903605	933235	4.5	

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 1220 CASING SIZE & WEIGHT 5 1/2, 14#  
 CASING DEPTH 1215.29 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER Bus Jones rig  
 SLURRY WEIGHT 13.9 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT IN CASING 0  
 DISPLACEMENT 29.7 DISPLACEMENT PSI 500 MIX PSI \_\_\_\_\_ RATE 4.0

REMARKS: On location at 8:00. Drained pit with 80-Vacs. Dug out pit with dozer. Started running casing at 8:30. Washed in final 70'. Ready to cement at 10:00. See COWS ticket for cement job details. Slight oil show. May need top off.

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICE OR PRODUCT	TOTAL AMOUNT
905575	1	Foreman Pickup	
		Cement Pump Truck	
		Bulk Truck	
903605	1	Transport Truck Haul Truck	
933235	1	Transport Trailer Equipment Trailer	
931610	1	80 Vac Dozer	
903142	1	Casing Truck	
932900	1	Casing Trailer	
	1215.29'	Casing	
	6	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	—	Frac Baffles	
		Portland Cement	
		CSA-122 Sodium Silicate	
		CGL-115 Cement Fluid Loss	
	0 sks	Premium Gel	
		Cal Chloride	
		City Water	
		Chemthix-P Thixotropic	
		KOL Seal	
	1 sk	Cotton Seed Hulls	



**CONSOLIDATED**  
Oil Well Services, LLC

ME # D13085  
API # 15-205-29107

TICKET NUMBER 41503  
LOCATION Leitch KS  
FOREMAN Shannon Beck

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

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-29-13	6628	Olson, Ruby A. 2-16				Wilson
CUSTOMER Post Rock Energy Corp			CITY Chanute			
MAILING ADDRESS 4402 Johnson Rd			STATE KS			
CITY			ZIP CODE 66601			
JOB TYPE <u>L/S</u>		HOLE SIZE <u>7 7/8"</u>	HOLE DEPTH <u>1220'</u>	CASING SIZE & WEIGHT <u>5 1/2" @ 14#/ft</u>		
CASING DEPTH <u>1215.29'</u>		DRILL PIPE	TUBING	OTHER		
SLURRY WEIGHT <u>13.9 #/bbl</u>		SLURRY VOL <u>54 Bbl</u>	WATER gal/sk <u>600</u>	CEMENT LEFT in CASING <u>0</u>		
DISPLACEMENT <u>30 Bbl</u>		DISPLACEMENT PSI <u>500</u>	MIX PSI <u>Comp Plug @ 1000</u>	RATE <u>Displace @ 4 BPM</u>		
REMARKS: Safety Meeting, Rig up to 5 1/2" casing, wash down 70' w/ 80 Bbl H2O, mixed broad gel flush w/ hulls, 15 Bbl 1120 spacer, mixed 200 sks 50/50 Pozmix Cement w/ 20% gel, 20% calcium, 3 # col seal/sk, 5 # kil seal/sk, 1 # phenoseal/sk & 1/4% CFL-115 @ 13.9 #/gal. Shut down wash out pump & lines & displace w/ 30 Bbl H2O. Final pumping pressure at 500 psi. Lumped plug @ 1000 psi. Plug & float held. Good circulation @ all times, 4-5 Bbl slurry to pit. Job complete.						
"Thanks Shannon & Crew"						

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	50	MILEAGE #1 of 2 wells	4.20	210.00
1124	700 sks	50/50 Pozmix Cement	11.50	2300.00
1118B	385 #	gel @ 20%	.22	84.70
1102	385 #	calcium @ 20%	.78	300.30
1101	600 #	col seal @ 3 #/sk	.42	252.00
1110A	1000 #	kil seal @ 5 #/sk	.46	460.00
1107A	200 #	phenoseal @ 1-11/sk	1.35	270.00
1135A	50 #	CFL 115 @ 1/4%	11.08	554.00
5407A	96 Tons	Ton mileage bulk truck	1.91	676.80
5502C	3.5 hrs	80 Bbl vac truck #36 McCoy Trucking	90.00	315.00
1173	8000 gal	city water	17.30/1000	138.40
5501C	3.5 hrs	Water Transport	120.00	420.00
			Sub Total	7066.20
			SALES TAX 7.3%	318.23
			ESTIMATED TOTAL	7384.43

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

# Olson, Ruby A. 2-16

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	42.56	42.31		Date: 4/29/13
2	42.46	84.52		Well Name & #: Olson 2-16
3	42.5	126.77		Township & Range: 28S-16E
4	42.59	169.11		County/State: Wilson/KS
5	42.54	211.4		AFE#: D13085
6	42.5	253.65		API# 15-205-28149-00-00
7	42.5	295.9		Comments: Projected TD- 1220'
8	42.52	338.17		
9	42.5	380.42		
10	42.5	422.67		Joints are numbered in Yellow
11	42.5	464.92		Subs are in orange
12	42.5	507.17		
13	42.52	552.44		
14	42.54	591.73		
15	42.49	633.97		
16	42.51	676.23		
17	42.52	718.5		
18	42.5	760.75		
19	42.51	803.01		
20	42.53	845.29		
21	42.5	887.54		Added these subs for flexibility to adjust to actual TD
22	42.47	929.76		Trailer# 931900
23	42.54	972.05		Actual TD - 1220
24	42.54	1014.34		Log Bottom - 1210.30
25	42.51	1056.6		Casing Tally - 1215.29
26	42.52	1098.87		No Baffles
27	42.53	1141.15		Centralizers per SOP
28	42.53	1183.43		
29	42.55	1225.73		
30	14.92	1197.85		
31	10.02	1207.62		
32	7.92	1215.29		
33	5.04	1220.08		
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

August 22, 2013

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

Re: ACO1  
API 15-205-28149-00-00  
OLSON, RUBY A 2-16  
SW/4 Sec.02-28S-16E  
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