



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1137395
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: _____



1137395

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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> <i>(Submit ACO-4)</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	OLSON, RUBY A 2-17
Doc ID	1137395

All Electric Logs Run

CBL
DIL
CDL
NDL



PostRock
Energy Corporation

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

TICKET NUMBER **8046**
FIELD TICKET REF # _____
FOREMAN Nathan Gahman
AFE D13086
SSI _____
API 15-205-28145-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY		
4-30-13	Olson, Ruby A. 2-17	2	28S	16E	Wilson		
FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	6:00	11:30		905575		5.5	<i>Nathan Gahman</i>
Chris Kincaid	6:30			931400	932895	5	<i>Chris Kincaid</i>
Greg Blackmore	6:30			903605	933235	5	<i>Greg Blackmore</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 1220 CASING SIZE & WEIGHT 5 1/2, 14#
 CASING DEPTH 1210.84 DRILL PIPE _____ TUBING _____ OTHER Cus Jones rig
 SLURRY WEIGHT 13.9 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 0
 DISPLACEMENT 29.5 DISPLACEMENT PSI 700 MIX PSI _____ RATE 4.0

REMARKS: On location at 8:00. Dug trench with dozer. Pulled water out of pit with 80-Vac. Ready to run casing at 8:30. Washed in final 30'. Ready to cement at 10:00. Had trouble with casing pumping out of hole after starting gel. Pumped ~~out~~ complete gel sweep before starting cement, to clear hole. Shut down and waited on water trucks to reload before restarting cement job. See COWS ticket for cement job details.
Trace oil show May need topoff.

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	
931400	1	Casing Truck	
932895	1	Casing Trailer	
	1210.84'	Casing	
	6	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	-	Frac Baffles	
		Portland Cement	
		CSA-122 Sodium Silicate	
		CGL-115 Cement Fluid Loss	
	6 sks	Premium Gel	
		Col Chloride	
		City Water	
		Chemthix-P Thixotropic	
		KOL Seal	
	1 sk	Cotton Seed Hulls	



CONSOLIDATED
Oil Well Services, LLC

API # D13086
API # 15-205-28145

TICKET NUMBER 41505
LOCATION Leola, KS
FOREMAN Shannon Beck

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

FIELD TICKET & TREATMENT REPORT
CEMENT

Jammy M
gym

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-30-12	6628	Olson, Ruby A. 2-17				12.15N
CUSTOMER <u>Post Rock Energy Corp</u>			GOS Jones			
MAILING ADDRESS <u>4402 Johnson Rd</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY <u>Chanute</u>			STATE <u>KS</u>	ZIP CODE		
			520	John S	Fra Hand	Chris B
			611	Joey K		
			4524103	Jim M		
			88	Rudy M	McCoy Trucking	

JOB TYPE <u>4/5</u>	HOLE SIZE <u>7 1/2"</u>	HOLE DEPTH <u>1220'</u>	CASING SIZE & WEIGHT <u>5 1/2" @ 14"</u>
CASING DEPTH <u>1210.816L</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT <u>139 #</u>	SLURRY VOL <u>55 Bbl</u>	WATER gal/sk <u>6.00</u>	CEMENT LEFT in CASING
DISPLACEMENT <u>30 Bbl</u>	DISPLACEMENT PSI <u>700</u>	MIX PSI <u>Run Plug @ 1100</u>	RATE <u>Displace @ 4 BPM</u>

REMARKS: Safety Meeting, Rig up to 5 1/2" casing, Wash Down 30' w/ 60 Bbl, mixed 600 # gel flush w/ balls, 15 Bbl 1170 spacer: mixed 200 sls 50/50 portland cement w/ 2% gel, 2% calcium, 3 # cat seal/sk, 5 # kot-seal/sk, 1 # phenoseal/sk + 1/4% chl-115 @ 1/4% @ 139 #/gal. Shut down wash out pump & lines. Displace w/ 30 Bbl 1170. Final pumping pressure of 700 psi, bumped plug @ 1100 psi. Plug & float held. Circulation was not real good while displacing 1 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	200 sls	50/50 portland cement	11.50	2300.00	
1118B	385 #	601 @ 2%	.22	84.70	
1102	385 #	Calcium @ 2%	.78	300.30	
1101	600 #	cat-seal @ 3 #/sk	.42	252.00	
1110A	1000 #	kot-seal @ 5 #/sk	.46	460.00	
1107A	200 #	phenoseal @ 1 #/sk	1.35	270.00	
1135A	50 #	chl-115 @ 1/4%	11.08	554.00	
5407A	9.6 Tons	Ton mileage bulk Truck	1.41	676.80	
5502C	35 hrs	80 Bbl Vac Truck #88 McCoy Trucking	90.00	315.00	
5501C	35 hrs	water transport	120.00	420.00	
1173	8500 gals	city water	17.20/1000	152.24	
			Sub Total	7080.04	
			7.3%	SALES TAX	319.24
				ESTIMATED TOTAL	7399.28

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.

GUS JONES, LLC

Cable Tool Service
149 RD 25 • Elk City, KS 67344
(620) 642-6315

JOB SHEET

AFE # D13086

Date <u>4-30-13</u>	Start Time	Finish Time	Total Time <u>6 Hr</u>
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Orderd by : New well wil.co. Lease : OLSON

Company : Post Rock Well # : 2-17

Type of Job or Rig : Rig 3

Job Description : Rig up, run in 5 1/2 Inch Recip. white
concreting and clamp Rig down

New Co

Fishing Tool or Packer Rental Charges \$ _____

Power Tong Charge \$ 50 (Per Trip In or Out) Number of trips _____

Parts Used : Supplied By G.J. Economy Other _____

Valve Cups _____

Working Barrels _____

Ball & Seats _____

Swab Cups _____

Seating Cups _____

Other _____

Discription of Other : _____

Olson, Ruby A. 2-17

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	42.33	42.08		Date: 4/30/13
2	42.33	84.16		Well Name & #: Olson 2-17
3	42.35	126.26		Township & Range: 28S-16E
4	42.34	168.35		County/State: Wilson/KS
5	42.33	210.43		AFE#: D13086
6	42.33	252.51		API# 15-205-28145-00-00
7	42.39	294.65		Comments: Projected TD- 1220'
8	42.36	336.76		
9	42.33	378.84		Joints are numbered in Yellow
10	42.39	420.98		
11	42.39	463.12		Subs are in orange
12	42.35	505.22		
13	42.36	550.33		Added these subs for flexibility to adjust to actual TD
14	42.36	589.44		
15	42.37	631.56		Trailer# 932895
16	42.38	673.69		
17	42.37	715.81		Actual TD - 1220 Log Bottom - 1217.30 Casing Tally - 1210.84 No Baffles Centralizers per SOP
18	42.4	757.96		
19	42.4	800.11		29
20	42.08	841.94		
21	42.37	884.06		30
22	42.37	926.18		
23	42.36	968.29		31
24	42.36	1010.4		
25	42.36	1052.51		32
26	42.36	1094.62		
27	42.36	1136.73		33
28	42.36	1178.84		
29	42.35	1220.94		34
30	15.01	1193.35		
31	10.05	1203.15		35
32	7.94	1210.84		
33	5.32	1215.91		36
34				
35				37
36				
37				38
38				
39				39
40				
				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 15-205-28145-00-00
OLSON, RUBY A 2-17
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