



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1137397
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: _____



1137397

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> <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	SHOCKLEY, MARJORIE L 6-5
Doc ID	1137397

All Electric Logs Run

CBL
DIL
CDL
NDL
WPL

Air Drilling Specialist
Oil & Gas Wells

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

PO Box 449
Caney, KS 67333

Date Started	4/24/2013
Date Completed	4/25/2013

Operator	A.P.I #	County	State
Post Rock Energy	15-205-28135-00-00	Wilson	Kansas

Well No.	Lease	Sec.	Twp.	Rge.
6-5	Shockley, Marjorie L	6	28	17

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
Oil	Brantley Thornton	5	23' 8 5/8	1207	7 7/8

Formation Record

0-4	MUD	990-1015	SAND / LT ODOR & SHOW		
4-8	CLAY	1015-1030	SAND / GOOD ODOR & SHOW		
8-12	SAND	1030-1065	SAND / LT ODOR & SHOW		
12-18	LIME	1065-1102	SANDY SHALE		
18-120	SANDY SHALE	1102-1103	COAL		
120-140	LIME	1103-1137	SHALE		
140-145	SHALE	1090	LOTS OF WATER		
145-146	COAL	1137-1175	LMY CHAT, CHERT (MISS)		
146-220	SAND / DAMP	1175-1207	CHAT, CHERT		
220-325	LIME	1207	TD		
325-415	SANDY SHALE				
415-446	LIME				
446-460	SHALE				
460-482	SANDY SHALE				
482-580	LIME				
580-648	SANDY SHALE				
648-650	LIME				
650-652	COAL				
652-657	SANDY SHALE				
657-681	LIME (PAWNEE)				
681-705	SHALE				
705-723	LIME (OSWEGO)				
723-730	BLK SHALE (SUMMIT)				
730-736	LIME				
736-742	BLK SHALE (MULKY)				
742-880	SANDY SHALE				
880-920	SAND				
920-955	SHALE				
955-956	COAL				
956-990	SAND				



PostRock
Energy Corporation

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

8045

TICKET NUMBER
FIELD TICKET REF #
FOREMAN Nathan Gahman
AFE D13078
SSI
API 15-205-28135-00-00

TREATMENT REPORT
& FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
4-29-13	Shockley, Marjorie L. 6-5		6	285	17E	Wilson	
FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	11:00	5:00		905525		6	<i>Nathan Gahman</i>
Chris Kincaid		4:00		903142	932900	5	<i>Chris Kincaid</i>
Greg Blackner		4:00		903605	933235	5	<i>Greg Blackner</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 1207 CASING SIZE & WEIGHT 5 1/2, 14#
 CASING DEPTH 1202.13 DRILL PIPE TUBING OTHER Gus Jones rig
 SLURRY WEIGHT 13.9 SLURRY VOL WATER gal/sk CEMENT LEFT IN CASING 0
 DISPLACEMENT 29.3 DISPLACEMENT PSI 500 MIX PSI RATE 4.0

REMARKS: On location at 11:15. Spotted trucks with dozer. Ready to run casing at 11:45. Washed in final 80'. Had to wait on water trucks to reload before starting cement job. Ready to cement at 1:30. See COWS ticket for cement job details. Casing lifted approx 6" off surface pipe. Slight oil show. May need top off.

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICE OR PRODUCT	TOTAL AMOUNT
905525	1	Foreman Pickup	
		Cement Pump Truck	
		Bulk Truck	
903605	1	Transport Truck Haul Truck	
933235	1	Transport Trailer Equipment trailer	
931610	1	80-Vee Dozer	
903142	1	Casing Truck	
932900	1	Casing Trailer	
	1202.13	Casing	
	5	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
		Frac Baffles	
		Portland Cement	
		CSA-122 Sodium Silicate	
		CGL-115 Cement Fluid Loss	
	6 sks	Premium Gel	
		Cal Chloride	
		City Water	
		Chemhix-P 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

API # D13078
API # 15-205-28135

TICKET NUMBER 41504

LOCATION Europe, KS

FOREMAN Shannon Feck

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-29-13	6628	Shackley, Merline 6-5				Wilson
CUSTOMER Post Pak Energy Corp			GWS Jones			
MAILING ADDRESS 4402 Johnson Rd			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Chanute			570	John S		
STATE KS			667	Chris B		
ZIP CODE			1524703	Jim m		
			88	Rudy m	McCoy Trucking	

JOB TYPE <u>US</u>	HOLE SIZE <u>7 7/8"</u>	HOLE DEPTH <u>1201'</u>	CASING SIZE & WEIGHT <u>5 1/2" @ 14#</u>
CASING DEPTH <u>1202.13</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT <u>13.9 #</u>	SLURRY VOL <u>55 Bbl</u>	WATER gal/sk <u>602</u>	CEMENT LEFT in CASING <u>0</u>
DISPLACEMENT <u>23' Bbl</u>	DISPLACEMENT PSI <u>500</u>	MIX PSI <u>Bump Plug @ 1000</u>	RATE <u>Displace @ 4 BPM</u>

REMARKS: Safety Meeting, rig up to 5 1/2" casing, wash down 70' w/ 100 Bbl H2O mixed 500 # gel flush w/ bulls, 15 Bbl H2O spacer, mixed 200 SKS 50/50 portmix cement w/ 20% gel, 2% calcium, 3# cal-seal/sk, 5# kol-seal/sk, 1# phenoseal/sk, & 1/4% CFL-115 @ 13.9 #/gal. Shut down wash out pump & lines Displace w/ 29.6 Bbl H2O. Final pumping psi of 500 psi, bumped plug @ 1000 psi, float & plug held good 4 Bbl slurry to pit. Good circulation @ all times. 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	0	MILEAGE # 2 of 2 wells ^{all on} Location	N/C	N/C
1124A	200 SKS	50/50 portmix cement	11.50	2200.00
1118-B	385 #	gel @ 2%	.22	84.70
1102	385 #	calcium @ 2%	.78	300.30
1101	600 #	cal-seal @ 3#/sk	.42	252.00
1110A	1000 #	kol-seal @ 5#/sk	.46	460.00
1107A	200 #	phenoseal @ 1#/sk	1.35	270.00
1135A	50 #	CFL-115 @ 1/4 %	11.08	554.00
5407A	7.6 Tons	Ton mileage bulk Truck (x50 miles)	1.41	676.80
5502C	3.5 HRS	80 Bbl vac Truck #88 McCoy Trucking	90.00	315.00
5501C	3.5 HRS	water transport	120.00	420.00
1123	8000 gal	city water	17.30/1000	138.40
			Sub Total	6856.20
			SALES TAX ^{7.3%}	318.23
			ESTIMATED TOTAL	7174.43

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.

Shockley, Marjorie L. 6-5

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	42.43	42.18		Date: 4/29/13
2	42.49	84.42		Well Name & #: Shockley 6-5
3	42.44	126.61		Township & Range: 28S-17E
4	42.53	168.89		County/State: Wilson/KS
5	42.53	211.17		AFE#: D13078
6	42.46	253.38		API# 15-205-28135-00-00
7	42.51	295.64		Comments: Projected TD- 1195'
8	42.5	337.89		
9	42.51	380.15		Joints are numbered in White
10	42.49	422.39		
11	42.5	464.64		Subs are in orange
12	42.49	506.88		
13	42.52	552.15		Added these subs for flexibility to adjust to actual TD
14	42.51	591.41		
15	42.52	633.68		Trailer# 931900
16	42.5	675.93		
17	42.44	718.12		Actual TD - 1207 Log Bottom - 1199 Casing Tally - 1202.13 No Baffles Centralizers per SOP
18	42.52	760.39		
19	42.52	802.66		
20	42.48	844.89		
21	42.55	887.19		
22	42.46	929.4		
23	42.48	971.63		
24	42.52	1013.9		
25	42.46	1056.11		
26	42.5	1098.36		
27	42.52	1140.63		
28	42.5	1182.88		
29	14.9	1197.53		
30	9.35	1206.63		
31	5.1	1202.13		
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

August 22, 2013

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

Re: ACO1
API 15-205-28135-00-00
SHOCKLEY, MARJORIE L 6-5
NE/4 Sec.06-28S-17E
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