



KANSAS CORPORATION COMMISSION 1151230
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1151230

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> 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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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
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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	MCCOY, VIRGINIA 30-5
Doc ID	1151230

All Electric Logs Run

CBL
DIL
CDL
NDL
TEMP

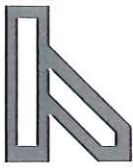
Michael Drilling, LLC
P.O. Box 402
Iola, KS 66749
620-496-7795

Company: Post Rock
Address: 210 Park Ave. Suite 2750
Oklahoma City, Oklahoma 73102
Ordered By: Larry

Date: 02/06/13
Lease: Mccoey
County: Neosho
Well#: 30-5
API#: 15-133-27599-00-00

Drilling Log

FEET	DESCRIPTION	FEET	DESCRIPTION
0-9	Overburden	408-413	Black Shale
9-55	Lime	413-430	Shale
55-60	Shale	430-434	Lime
60-62	Lime	434-450	Sandy Shale
62-84	Shale	450-473	Lime
84-101	Sandy Lime	473-480	Shale
101-121	Shale	480-486	Lime
121-134	Lime	486-490	Shale
134-140	Black Shale	490-491	Coal
140-152	Shale	491-508	Sandy Shale
152-181	Lime	508-538	Shale
181-235	Shale Sandy Shale	538-563	Dark Lime
235-258	Lime	563-571	Shale
258-268	Sandy Shale	571-572	Coal
268-278	Lime	572-593	Shale
278-289	Green Shale Water	593-596	Lime
289-338	Shale Sandy Shale	596-597	Coal
338-360	Shale	597-624	Shale
360-364	Brown Lime	624-627	Black Shale
364-365	Coal	627-637	Shale
365-367	Shale	637-638	Coal
367-396	Sandy Lime	638-651	Shale
396-397	Coal	651-652	Coal
397-408	Lime	652-659	Shale



PostRock
Energy Corporation

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

TICKET NUMBER **7440**
FIELD TICKET REF# _____
FORMAN Nathan Gahman
AFE D12803
SSI _____
API 15-133-27599-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
2-8-13	McCoy, Virginia 30-5		30			Neosho	
FORMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILR #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	11:30	4:00		905575		4.5	Nat Ge
Chris Kincaid	11:30	2:00		931400	932900	2.5	CK

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 800 CASING SIZE & WEIGHT 5 1/2, 14#
 CASING DEPTH 797.71 DRILL PIPE _____ TUBING _____ OTHER Cous Jones rig crew
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 19.5 bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS:
On location 11:30. Spotted trucks with dozer. Ready to run casing at 12:00. Ran in casing. Washed in final 2.5'. Ready to cement at 1:45. See COWS ticket for cement job details. Trace oil show. May need top off.

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
905575	1	Forman Pickup	
		Cement Pump Truck	
		Bulk Truck	
		Transport Truck	
		Transport Trailer	
		80 Vac	
931400	1	Casing Truck	
	797.71	Casing	
	4	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	—	Frac Baffles	
		Portland Cement	
		Gilsonite	
	11 lbs	Flo Seal Thixotropic Additive	
	4 sks	Premium Gel	
		Cal Chloride	
		City Water	
		KCL	
		KOL Seal	
	1 sk	Cotton Seed Hulls	
932900	1	Casing trailer	
930050	1	dozer	



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 41313
LOCATION Enclave
FOREMAN Rick Ledford

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

FIELD TICKET & TREATMENT REPORT

CEMENT API# 15-133-27599

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-2-13		McCoy 30-5				Neosho
CUSTOMER Past Rock Energy Corp			Gus Jones			
MAILING ADDRESS 4762 Johnson Rd			TRUCK # DRIVER TRUCK # DRIVER			
CITY STATE ZIP CODE Chanute KS			520 John 667 Chris B. 452/T103 Jim			

JOB TYPE 1130 HOLE SIZE 7 7/8 HOLE DEPTH 800' CASING SIZE & WEIGHT 5 1/2" 14"
 CASING DEPTH 797.7' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5" SLURRY VOL 39 Bbl WATER gal/sk 8.2 CEMENT LEFT in CASING 0'
 DISPLACEMENT 19 1/2 Bbl DISPLACEMENT PSI 500 MIX PSI 1000 Bore plug RATE _____

REMARKS: Safety meeting. Rig up to 5 1/2" casing w/ washhead Washdown 25' to PBTD Pump 400# gel-flush w/ h 115, 10 Bbl water spacer, 11 Bbl dye water mixed 120 srs class A cement w/ 22% cac12, 22% metasilicate, 1/2% cel-115, 1/4% carbox-p & 1/8" Ret-seal/sr @ 135"/gal yield 187 washnet pump & lines, release plug Displace w/ 19 1/2 Bbl fresh water final pump pressure 500 PSI Pump plug to 1000 PSI release pressure, flood & plug hole Good 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	30	MILEAGE from last well	4.00	120.00
11043	120 srs	class A cement	14.95	1794.00
1102	225 "	22% cac12	.24	1106.50
1111A	225 "	22% metasilicate	2.00	450.00
1135A	59 "	1/2% cel-115	10.55	622.45
	11 "	1/4% carbox-p	n/c	n/c
1110A	1200#	1/8" Ret-seal/sr	.46	552.00
51107A	6.24	die release built tax	1.34	668.93
55014	3 hrs	water transport	112.00	336.00
1123	8000 gals	city water	16.54/1000	132.00
			Subtotal	5871.88
			7.3%	SALES TAX 271.34
				ESTIMATED TOTAL 6143.22

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

McCoy, Virginia 30-5

Pipe #	Length	Running Total	Baffle Location	PostRock Energy- Casing Tally Sheet
1	39.39	39.39		Date: 2/6/2013
2	38.37	77.76		Well Name & #: Virginia McCoy 30-5
3	39.85	117.61		Township & Range: 28S-19E
4	39.58	157.19		County/State: Neosho/ Wilson
5	39.86	197.05		AFE#: D12803
6	38.86	235.91		API# 15-133-27599-00-00
7	38.5	274.41		Comments: Projected TD- 800'
8	38.4	312.81		
9	39.08	351.89		
10	38.23	390.12		Joints are numbered in yellow
11	38.06	428.18		Added 4 subs (21-24) 21) 5.21 22) 4.5 23) 14.81 24) 6.59
12	39.18	467.36		
13	39.45	506.81		
14	38.39	545.2		
15	38.17	583.37		Added these subs for flexibility to adjust to actual TD
16	38.93	622.3		
17	38.75	661.05		
18	38.24	699.29		Trailer# 932900
19	39.31	738.6		
20	39.09	777.69		TD - 800 Log Bottom - 797.5 Casing Tally - 797.71 No Baffles Centrailizers every 5 joints to surface
21	5.21	782.9		
22	4.5	787.4		
23	14.81	797.71		
24	6.59	804.3		

PostRock Energy Corp.