



KANSAS CORPORATION COMMISSION 1151241
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: _____



1151241

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> <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	MCMILLEN, BETTY J 9-1
Doc ID	1151241

All Electric Logs Run

CBL
DIL
CDL
NDL
TEMP



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 41295
LOCATION Fowler
FOREMAN Rock Ledford

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
2-6-13		McMillian 9-1				Wilson
CUSTOMER Post Rock Energy Corp			TRUCK #			
MAILING ADDRESS 4402 Johnson Rd			DRIVER			
CITY Chanute		STATE KS	ZIP CODE	TRUCK #		
			DRIVER			

JOB TYPE 3/8" o HOLE SIZE 11" HOLE DEPTH 202' CASING SIZE & WEIGHT 8 5/8"
 CASING DEPTH 201' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15" SLURRY VOL 10 Bbl WATER gal/sk 6.5 CEMENT LEFT in CASING 20"
 DISPLACEMENT 11 1/2 Bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting; Rig up to 8 5/8" casing Break circulation w/ 10 Bbl fresh water. Mixed 40 sacks class A cement w/ 2% cariz 2% gel + 1" phenaseal/sk @ 15" / gal Displace w/ 11 1/2 Bbls fresh water. Shut casing in w/ gel cement returns to surface = 5 Bbl slurry to pit. Job complete Rig down

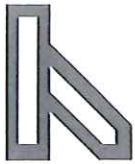
Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
54013	1	PUMP CHARGE	825.00	825.00	
5406	20	MILEAGE from last well	4.00	80.00	
11045	40 sacks	class A cement	14.95	598.00	
1102	75"	2% cariz	.74	55.50	
11128	75"	2% gel	.21	15.75	
1107A	40"	1" phenaseal/sk	1.29	51.60	
5407	1.88	for mileage bulk drv	m/c	350.00	
55011	2 hrs	water transport	112.00	224.00	
1123	3000 gals	city water	16.50/gal	49.50	
			Subtotal	2249.35	
			6.3%	SALES TAX	48.53
				ESTIMATED TOTAL	2297.88

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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



PostRock
Energy Corporation

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

TICKET NUMBER **7452**
FIELD TICKET REF# _____
FORMAN Nathan Gahman
AFE D13014
SSI _____
API 15-205-28091-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER			SECTION	TOWNSHIP	RANGE	COUNTY
2-12-13	McMillen, Betty 9-1			9	28S	17E	Wilson
FORMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	6:15	11:00		905525		4.75	<i>Nat Gah</i>
Chris Kincaid	6:30			931400	932900	4.5	<i>Chris Kincaid</i>
Greg Blackmore	6:30			904815		4.5	<i>Greg Blackmore</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 1120 CASING SIZE & WEIGHT 5 1/2, 14#
 CASING DEPTH 1115.24 DRILL PIPE _____ TUBING _____ OTHER Gus Jones rig crew
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 27.2 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS:
On location at 7:30. Spotted trucks with dozer. Drained pit with 80-Vac. Ready to run casing at 8:30. Washed in final 50' of casing. Ready to cement at 10:15. See COWS ticket for cement job details. ~~good~~ good oil show. May need topoff

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
905525	1	Forman Pickup	
		Cement Pump Truck	
		Bulk Truck	
		Transport Truck	
		Transport Trailer	
		80 Vac	
931400	1	Casing Truck	
	1115.24	Casing	
	7	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	—	Frac Baffles	
		Portland Cement	
		Gilsonite	
	15 lbs	Fl-Seal Thixotropic Additive	
	7 sks	Premium Gel	
		Cal Chloride	
		City Water	
		KCL	
		KOL Seal	
	1 sk	Cotton Seed Hulls	
932900	1	Casing trailer	
931150	1	Dozer	



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 41316
LOCATION Euleva
FOREMAN Rick Lillard/Shannon Fecul

FIELD TICKET & TREATMENT REPORT
CEMENT API # 15-205-28091

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
2-12-13		M'Million 2-1				Wilson																
CUSTOMER <u>Post Rock Energy Corp</u>			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>520</td> <td>John</td> <td></td> <td></td> </tr> <tr> <td>667</td> <td>Chris B</td> <td></td> <td></td> </tr> <tr> <td>619/791</td> <td>George Taylor (Trayer)</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	520	John			667	Chris B			619/791	George Taylor (Trayer)		
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667	Chris B																					
619/791	George Taylor (Trayer)																					
MAILING ADDRESS <u>4402 Johnson Rd</u>																						
CITY <u>Chanute</u>	STATE <u>KS</u>	ZIP CODE																				

JOB TYPE 1 1/2 a HOLE SIZE 7 7/8" HOLE DEPTH 1120' CASING SIZE & WEIGHT 5 1/2" 14"
 CASING DEPTH 1115' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5" SLURRY VOL 53 BW WATER gal/sk 8.2 CEMENT LEFT in CASING 0
 DISPLACEMENT 27" DISPLACEMENT PSI 500 MIX PSI 900 Bumples RATE _____

REMARKS: Safety meeting. Rig up to 5 1/2" casing w/ washhead. W/ breakdown 40' to PBTD. Pump 700" get flush w/ bulls. 15 Bbl water spacer. 15 Bbl dye water. Mixed 1165 SR3 class A cement w/ 2% cocoz, 2% metasilicate, 1/2% CSI-115, 1/16% conthiv-p, 16" Kol-seal/sx + 1" phenoxal/sx @ 13.5"/gal yield 1.82. Washout pump + lines, relax plug. Displace w/ 27" Bbl fresh water. Final pump pressure 500 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	50	MILEAGE 1 st well of 2	4.00	200.00
11045	1165 SR3	class A cement	19.95	2466.75
1102	310"	2% cocoz	.74	229.40
1114A	310"	2% metasilicate	2.00	620.00
1135A	80"	1/2% CSI-115	10.55	844.00
	15"	1/16% conthiv-p	n/c	n/c
1116A	1650"	16" Kol-seal/sx	.46	759.00
1107A	165"	1" phenoxal/sx	1.29	212.85
5400A	8.58	lon mileage bulk tar	1.34	574.86
5501C	3 1/2 hrs	water transport	112.00	392.00
1123	5600 gals	city water	16.50/1000	92.50
			subtotal	7411.36
			6.39% SALES TAX	328.51
			ESTIMATED TOTAL	7739.87

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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

McMillen, Betty 9-1

Pipe #	Length	Running Total	Baffle Location	PostRock Energy- Casing Tally Sheet
1	38.18	38.18		Date: 2/11/2013
2	39.69	77.87		Well Name & #: Betty McMillen 9-1
3	38.45	116.32		Township & Range: 28S-17E
4	38.8	155.12		County/State: Neosho/ Kansas
5	39.07	194.19		AFE#: D13014
6	38.55	232.74		API# 15-205-28091-00-00
7	38.05	270.79		Comments: Projected TD- 1125'
8	38.64	309.43		
9	39.03	348.46		Joints are numbered in yellow
10	38.2	386.66		
11	38.58	425.24		Added 1 joint & 4 subs (30-34) 30) 39.25 31) 14.71 32) 6.59 33) 5.22 34) 5.20 Added these subs for flexibility to adjust to actual TD Trailer# 932900 loaded on top Actual TD - 1120 Log Bottom - 1084.4 Casing Tally - 1115.24 No Baffles Centralizers 1st joint then every 5th joint to surface
12	38.55	463.79		
13	38.65	502.44		
14	39.29	541.73		
15	38.9	580.63		
16	39.67	620.3		
17	38.84	659.14		
18	38.56	697.7		
19	38.14	735.84		
20	38.58	774.42		
21	38.38	812.8		
22	38.65	851.45		
23	39.15	890.6		
24	39.07	929.67		
25	38.14	967.81		
26	38.52	1006.33		
27	38.35	1044.68		
28	38.84	1083.52		
29	38.3	1121.82		
30	39.25	1161.07		
31	14.71	1098.23		
32	6.59	1104.82		
33	5.22	1110.04		
34	5.2	1115.24		

PostRock Energy Corp.

