



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: _____



1151243

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	NEELY, WILLIAM G 30-4
Doc ID	1151243

All Electric Logs Run

CBL
DIL
CDL
NDL
TEMP

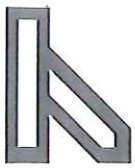
Michael Drilling, LLC
P.O. Box 402
Iola, KS 66749
620-496-7795

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

Date: 02/08/13
Lease: Neely William G.
County: Neosho
Well#: 30-4
API#: 15-133-27619-00-00

Drilling Log

FEET	DESCRIPTION	FEET	DESCRIPTION
0-9	Overburden	407-420	Sandy Lime
9-10	Gravel	420-429	Shale
10-30	Lime	429-430	Coal
30-37	Shale	430-454	Lime
37-43	Lime	454-461	Shale
43-66	Shale	461-466	Lime
66-84	Lime	466-467	Coal
84-104	Shale	467-473	Shale
104-118	Lime	473-487	Green Sand
118-153	Shale	487-543	Shale
153-161	Lime	543-545	Lime
161-215	Shale	545-574	Shale
215-237	Lime	574-576	Brown Lime
237-248	Shale	576-577	Coal
248-257	Lime	577-618	Shale
257-267	Green Shale Sandy Wet	618-650	Sandy Shale Shale
267-293	Shale Water Started 265	650-653	Black Sand Oder Show
293-342	Sandy Shale Shale	653-660	Sand Free oOil
342-345	Lime	660-674	Sandy Shale Dark
345-346	Coal	674-675	Coal
346-388	Lime	675-718	Sandy Shale
388-389	Coal	718-719	Coal
389-393	Black Shale	719-757	Shale
393-407	Shale	757-758	Coal



PostRock
Energy Corporation

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

TICKET NUMBER **7451**
FIELD TICKET REF# _____
FORMAN Nathan Gabman
AFE 013008
SSI _____
API 15-133-27619-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
2-11-13	Neely, William 30-4		30	28S	19E	Neosho	
FORMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILR #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gabman	12:00	5:15		905525		5.25	<i>Nathan Gabman</i>
Chris Kincaid		4:15		903142	932895	4.25	<i>Chris Kincaid</i>
Greg Blackmore		3:30		902490	933015	3.5	<i>Greg Blackmore</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 800 CASING SIZE & WEIGHT 5 1/2, 14#
 CASING DEPTH 794.34 DRILL PIPE _____ TUBING _____ OTHER Cow Jones rig claw
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 19.4 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS:
On location at 12:00. Spotted trucks with dozer. Ready to run casing at 1:00, Washed in final 30'. Ready to cement at 2:00. See COWS ticket for cement job details. Very good oil show. Will not need top off.

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICES OR PRODUCT	TOTAL AMOUNT
905.525	1	Forman Pickup	
		Cement Pump Truck	
		Bulk Truck	
902490	1	Transport Truck Haul truck	
933015	1	Transport Trailer Haul trailer	
		80 Vac	
903142	1	Casing Truck	
	794.34'	Casing	
	5	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	—	Frac Baffles	
		Portland Cement	
		Gilsonite	
	11 lbs	Fl Seal Thixotropic Additive	
	5 sks	Premium Gel	
		Cal Chloride	
		City Water	
		KCL	
		KOL Seal	
	1 sk	Cotton Seed Hulls	
932895	1	Casing trailer	
930050	1	Dozer	



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 41315

LOCATION Euena

FOREMAN Ron Lealoid

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

FIELD TICKET & TREATMENT REPORT

CEMENT

API # 15-133-27619

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-11-13		Neely William 30-4				Neosho
CUSTOMER Post Rock Energy Corp			L/S Sals			
MAILING ADDRESS 4402 Johnson Rd			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Chanute			520	John		
STATE KS			429	Joey		
ZIP CODE			83	Alan G. (M) Key		

JOB TYPE <u>L/S 0</u>	HOLE SIZE <u>2 7/8"</u>	HOLE DEPTH <u>800'</u>	CASING SIZE & WEIGHT <u>5 1/2" 14 1/2"</u>
CASING DEPTH <u>794 3/4"</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT <u>13.5"</u>	SLURRY VOL <u>39 BH</u>	WATER gal/sk <u>8.8</u>	CEMENT LEFT in CASING <u>0'</u>
DISPLACEMENT <u>19 1/4 BH</u>	DISPLACEMENT PSI <u>500</u>	MIX PSI <u>900 Bump plus</u>	RATE

REMARKS: Safety meeting. Rig up to 5 1/2" casing w/ washhead. Washdown 35' to P.B.T.D. Pump 500# gal. flush w/ bulls, 10 BH water spacer, 10 BH dye water. Mixed 120 lbs class A cement w/ 2% cacic, 2% metasilicate, 1/2% CST-115, 1/4% cathin-P & 16" Kat-seal/sk @ 13.5"/gal. yield 1.82. Washhead pump & lines, release plus. Displace w/ 19 1/4" BH fresh water. Final pump pressure 500 PSI. Bump plus to 900 PSI. release pressure. float + plus held. Good cement returns to surface. 10 BH 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	1	MILEAGE 2 nd well of 2	n/c	n/c
11045	120 sks	class A cement	14.95	1794.00
1102	225"	2% cacic	.74	166.50
1111A	225"	2% metasilicate	2.00	450.00
1135A	59"	1/2% CST-115	10.55	622.45
	11"	1/4% cathin-P	n/c	n/c
1116A	1200"	16" Kat-seal/sk	.46	552.00
5407A	6.24	tax mileage bulk tax	1.34	585.31
5502C	4 hrs	80 BH vac tax	90.00	360.00
1123	8000 gals	city water	16.50/1000	132.00
			Subtotal	5692.26
			SALES TAX 7.3%	287.98
			ESTIMATED TOTAL	5980.24

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.

Neely, William 30-4

Pipe #	Length	Running Total	Baffle Location	PostRock Energy- Casing Tally Sheet
1	39.15	39.15		Date: 2/8/2013
2	38.98	78.13		Well Name & #: William Neely 30-4
3	38.65	116.78		Township & Range: 28S-19E
4	38.56	155.34		County/State: Neosho/ Kansas
5	38.42	193.76		AFE#: D13008
6	38.56	232.32		API# 15-133-27619-00-00
7	38.85	271.17		Comments: Projected TD- 775'
8	38.6	309.77		
9	39.19	348.96		Joints are numbered in white
10	39.13	388.09		
11	38.6	426.69		Added 3 subs (25-27) 25) 8.34 26) 3.70 27) 4.77 Added these subs for flexibility to adjust to actual TD
12	39.85	466.54		
13	38.44	504.98		
14	38.35	543.33		
15	38.7	582.03		
16	39.06	621.09		
17	38.4	659.49		
18	38.83	698.32		Actual TD- 800' Log Bottom- 789' Casing Talley- 794.34' No Baffles Centralizers 1st joint then every 5th joint to surface.
19	39.42	737.74		
20	39.79	777.53		
21	39.83			
22	39.32			
23	39.95			
24	39.61			
25	8.34	785.87		
26	3.7	789.57		
27	4.77	794.34		

PostRock Energy Corp.