



KANSAS CORPORATION COMMISSION 1151293
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: _____



1151293

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	SHAW ENTERPRISES 28-7
Doc ID	1151293

All Electric Logs Run

CBL
DIL
CDL
NDL
TEMP

Michael Drilling, LLC

021113

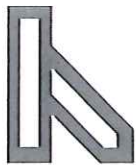
**P.O. Box 402
Iola, KS 66749
620-496-7795**

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

Date: 02/11/13
Lease: Shaw Enterprises
County: Neosho
Well#: 28-7
API#: 15-133-27630-00-00

Drilling Log

FEET	DESCRIPTION	FEET	DESCRIPTION
0-6	Overburden	429-430	Coal
6-37	Lime	430-451	Lime
37-41	Dark Shale	451-454	Black Shale
41-45	Lime	454-459	Shale
45-79	Shale	459-463	Lime
79-95	Lime	463-508	Sandy Shale
95-125	Shale	508-550	Shale
125-136	Lime	550-551	Coal
136-164	Shale	551-571	Shale
164-171	Lime	571-573	Lime
171-186	Shale	573-575	Black Shale
186-187	Lime	575-576	Coal
187-233	Shale	576-585	Shale
233-245	Sandy Lime	585-587	Coal
245-254	Shale	587-596	Shale
254-262	Lime	596-659	Sand Oder
262-301	Sandy Shale	659-672	Sand Oder Light Show
301-302	Lime	672-673	Coal
302-341	Sandy Shale	673-705	Sandy Shale
341-345	Lime	705-708	Red Shale
345-348	Sandy Shale Damp	708-717	Shale
348-388	Sandy Lime Damp	717-718	Coal
388-390	Black Shale	718-800	Shale
390-429	Shale	800	TD



PostRock
Energy Corporation

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

TICKET NUMBER **7456**
FIELD TICKET REF# _____
FORMAN Nathan Gabm94
AFE D13020
SSI _____
API 15-133-27630-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
2-13-13	Shaw Enterprises 28-7		28	28S	19E	Neosho	
FORMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILR #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gabm94	11:15	4:00		905525		4.75	Nat Gab
Chris Kincaid	1	2:45		903142	932895	3.5	Chris
Greg Blackmore	1	3:00		903605	933235	3.75	Greg

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 800 CASING SIZE & WEIGHT 5 1/2, 14#
 CASING DEPTH 792.12 DRILL PIPE _____ TUBING _____ OTHER Cus Jones rig crew
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 19.3 bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS:
On location 11:15. Ready to run casing at 11:30. Washed in final 15'. Ready to cement at 12:45. See COWS ticket for cement job details. Pulled casing trailer off location with dozer. Fair oil show. May need top off.

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	
903142	1	Casing Truck	
	792.12	Casing	
	5	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	1	Frac Baffles	
		Portland Cement	
		Gilsonite	
	11 lbs	Flt Seal Thixotropic Additive	
	5 sks	Premium Gel	
		Cal Chloride	
		City Water	
		KCL	
		KOL Seal	
	1 sk	Cotton Seed Hulls	
932895	1	Casing trailer	
931610	1		



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 41319

LOCATION Euava

FOREMAN Rick Ledford / Shannon Fev

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

FIELD TICKET & TREATMENT REPORT
CEMENT API # 15-133-27630

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-13-13		Shaw Enterprises 28-7				Neosho
CUSTOMER <u>Post Rock Energy Corp</u>			Gus Jones			
MAILING ADDRESS <u>4402 Johnson Rd</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY <u>Chanute</u>			520	John		
STATE <u>KS</u>			515	Deke		
ZIP CODE			93	Alon G. (Meyer)		
			619/791	George Taylor (Meyer)		

JOB TYPE L/S 0 HOLE SIZE 2 7/8" HOLE DEPTH 800' CASING SIZE & WEIGHT 5 1/2" 14"
 CASING DEPTH 792.12' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5" SLURRY VOL 39 Bbl WATER gal/sk 2.2 CEMENT LEFT in CASING 0'
 DISPLACEMENT 19.3 Bbl DISPLACEMENT PSI 400 MIX PSI 800 Bump plus RATE _____

REMARKS: Safety meeting - Rig up to 5 1/2" casing w/ wash head Washdown 20' to PSTO. Pump 500" gel-flush w/ bulls, 10 Bbl water spacer 11 Bbl dye water. Mix 120 sacks class A cement w/ 2% cacl2 2% metasilicate, 1/2% CST-115, 1/4% ceathix-P, 10" Rot-seal/sk + 1" phenaseal/sk @ 13.5"/gal yield 1.82 washout pump & lines, release plug. Displace w/ 19.3 Bbls fresh water. Final pump pressure 400 PSI. Bump plug to 800 Bbl. release pressure, flood + plug hold. Grad cement returns to surface - 6 Bbl slurry to pit. Job complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1036.00	1036.00
5406	0	MILEAGE <u>200</u> well of 2	n/c	0/c
11015	120 sacks	class A cement	14.95	1794.00
1102	225"	2% cacl2	.74	166.50
1111A	225"	2% metasilicate	2.00	450.00
1135A	59"	1/2% CST-115	10.55	622.45
	11"	1/4% ceathix-P	n/c	n/c
1116A	1200"	10" Rot-seal/sk	.46	552.00
1107A	120"	1" phenaseal/sk	1.29	154.80
5407A	6.24	ton mileage bulk truck	1.34	668.93
5501C	3 hrs	water transport	112.00	336.00
5502C	3 hrs	80 Bbl water TRK	96.00	270.00
1123	8000 gal/s	city water	16.50/1000	132.00
			Subtotal	6176.68
			SALES TAX <u>7.3%</u>	282.64
			ESTIMATED TOTAL	6459.32

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

Shaw Enterprises 28-7

Pipe #	Length	Running Total	Baffle Location	PostRock Energy- Casing Tally Sheet
1	39.32	39.32		Date: 2/12/2013
2	39.83	79.15		Well Name & #: Shaw Ent 28-7
3	39.61	118.76		Township & Range: 28S-19E
4	39.95	158.71		County/State: Neosho/ Kansas
5	38.18	196.89		AFE#: D13020
6	38.85	235.74		API# 15-133-27630-00-00
7	38.81	274.55		Comments: Projected TD- 800'
8	38.64	313.19		
9	39.58	352.77		
10	38.15	390.92		
11	39.06	429.98		Joints are numbered in white
12	38.7	468.68		Added 2 subs (21-22) 21) 9.92 22) 10.10
13	38.75	507.43		
14	39.47	546.9		Added these subs for flexibility to adjust to actual TD
15	39.24	586.14		
16	40.14	626.28		Actual TD - 800
17	38.81	665.09		
18	38.85	703.94		Log Bottom - 790.5
19	39.48	743.42		Casing Tally - 792.12
20	38.78	782.2		No Baffles
21	9.92	792.12		Centralizers 1st joint then every 5th to surface.
22	10.1	802.22		Trailer# 932895

PostRock Energy Corp.