



**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
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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

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: \_\_\_\_\_



1151294

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)* \_\_\_\_\_

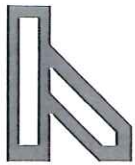
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD 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	DAVIDSON, CHARLES 18-3
Doc ID	1151294

All Electric Logs Run

CBL
DIL
CDL
NDL
TEMP



**PostRock**  
Energy Corporation

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

TICKET NUMBER **7459**  
FIELD TICKET REF# \_\_\_\_\_  
FORMAN Nathan Gahman  
AFE D13010  
SSI \_\_\_\_\_  
API 15-133-27621-00-00

**TREATMENT REPORT  
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
2-14-13	Davidson, Charles 18-3		18	28S	18E	Neosho	
FORMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILR #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	1:00	5:30		905575		4.5	<i>Nathan Gahman</i>
Chris Keisaid		5:30		931400	932900	4.5	<i>Chris Keisaid</i>
Greg Blackman		5:00		904815		4	<i>Greg Blackman</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 1210 CASING SIZE & WEIGHT 5 1/2, 14 #  
 CASING DEPTH 1205.57 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER Bus Jones rig crew  
 SLURRY WEIGHT 13.5 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 0  
 DISPLACEMENT 29.4 bbl DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4.5 bpm

REMARKS:  
On location at 1:15. Spotted trucks with dozer started running casing at 1:30. Washed down final 40'. Ready to cement at 3:00. See COWS ticket for cement job details. Fair oil show. May need topoff. Pulled equipment off location with dozer.

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	
	1205.57'	Casing	
	6	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	—	Frac Baffles	
		Portland Cement	
		Gilsonite	
	16 lbs	Flo-Seal Thixotropic Additive	
	7 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 41331  
LOCATION Evrens  
FOREMAN Rick Laddard

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

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT** *API# 15-133-27621*

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-14-13		Davidson Charles 183				Neosho
CUSTOMER <i>Post Rock Energy Corp</i>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <i>4462 Johnson Rd</i>			520 John			
CITY <i>Chanute</i> STATE <i>KS</i> ZIP CODE			611 Jaev			
			83 Alan G. (McCoy Truck)			
			619/791 George Taylor (Thyco)			

JOB TYPE *1/30* HOLE SIZE *7 7/8"* HOLE DEPTH *1216'* CASING SIZE & WEIGHT *5 1/2" 14"*  
 CASING DEPTH *1205 57* DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT *13.5"* SLURRY VOL *57 bbl* WATER gal/sk *8.8* CEMENT LEFT in CASING *0'*  
 DISPLACEMENT *29.4 bbl* DISPLACEMENT PSI *500* MIX PSI *1000 Pump plus* RATE *4 bpm*

REMARKS: *Safety meeting - Rig up to 5 1/2" casing/washhead. Washdown 35' to P.T.D. Pump 200"  
 gel-flush w/ bulls 15 bbl water spacer, 15 bbl dye water. Mixed 175 sacs class A cement  
 2% cacl2, 2% metasilicate, 1/2% csl-115, 1/4% carbin-p, 10" Rotoseal/sk & 1" phenosan/sk @ 13.5"/gal.  
 yield 1.82 washout pump + lines, release plug. Displace w/ 29.4 bbl fresh water. Final pump  
 pressure 500 PSI. Pump plug to 1000 PSI release pressure, f/bal + plug held. Card cement returns  
 to surface = 9 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	0	MILEAGE 3 <sup>rd</sup> well of 3	n/c	n/c
11045	175 sacs	class A cement	14.95	2616.25
1102	336"	2% cacl2	.74	244.20
1111A	330"	2% metasilicate	2.00	660.00
1135A	92"	1/2% csl-115	10.55	965.10
	11"	1/4% carbin-p	n/c	n/c
1110A	1750"	10" Rotoseal/sk	.46	805.00
1107A	175"	1" phenosan/sk	1.29	225.75
5407A	9.1	1000 mileage bullseye (70 miles)	1.34	853.58
5501C	2 hrs	water transport	112.00	224.00
5502C	3 hrs	80 bbl vac 7hr	96.00	270.00
1123	16,000 gal's	city water	16.50/1000	165.00
			subtotal	7758.88
			7.3%	SALES TAX 467.43
				ESTIMATED TOTAL 8366.31

Ravin 3737

AUTHORIZATION *Wade Co* 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

# Davidson, Charles 18-3

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	43.4	43.15		Date: 02-13-2013
2	43.36	86.26		Well Name & #: Charles Davidson 18-3
3	43.28	129.29		Township & Range: 28S - 18E
4	43.41	172.45		County/State: Neosho/Kansas
5	43.44	215.64		AFE#: D13010
6	43.38	258.77		API# 15-133-27621-00-00
7	43.41	301.93		Comments: Projected TD- 1210'
8	43.37	345.05		
9	43.41	388.21		
10	43.36	431.32		Joints are numbered in White
11	43.36	474.43		Subs are in orange
12	41.35	515.53		
13	43.38	561.66		
14	43.41	601.82		
15	43.36	644.93		
16	43.37	688.05		
17	43.37	731.17		
18	43.39	774.31		
19	43.36	817.42		
20	43.39	860.56		
21	43.4	903.71		Trailer #932900
22	43.37	946.83		Actual TD - 1210
23	43.41	989.99		Log Bottom - 1208.1
24	43.36	1033.1		Casing Tally - 1205.57
25	43.34	1076.19		No Baffles
26	43.41	1119.35		Centralizer 1st joint then every 5th joint to surface.
27	43.36	1162.46		
28	43.36	1205.57		
29	5.01	1210.33		
30	10.14	1220.22		
31	14.94	1234.91		
32				
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PostRock Energy Corp.



