



KANSAS CORPORATION COMMISSION 1151295
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: _____



1151295

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) _____

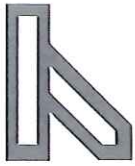
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD 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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	SHAW ENTERPRISES 28-8
Doc ID	1151295

All Electric Logs Run

DIL
CDL
NDL
TEMP
CBL



PostRock
Energy Corporation

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

TICKET NUMBER **7457**
FIELD TICKET REF# _____
FORMAN Nathan Gahmery
AFE D13021
SSI _____
API 15-133-27631-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
2-14-13	Shaw Enterprises 28-8		28	285	19E	Neosho	
FORMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILR #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahmery	8:00	11:00		905575		3	<i>Nathan Gahmery</i>
Chris Kincaid				extra		3	<i>Chris Kincaid</i>
Greg Blackmore				903142	932895	3	<i>Greg Blackmore</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 806 CASING SIZE & WEIGHT 5 1/2, 14#
 CASING DEPTH 799.11 DRILL PIPE _____ TUBING _____ OTHER Bus Jones rig crew
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 19.5 bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE 5.5 bpm

REMARKS:
On location at 8:45. Ready to run casing at 9:00. Washed in final 10'. Ready to cement at 10:00. See COLWS ticket for cement job details. Trace oil show. May need topoff

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



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 41320
LOCATION Frisco
FOREMAN Rex Laddford

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

FIELD TICKET & TREATMENT REPORT

CEMENT API# 15-133-27631

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-14-12		Shaw Enterprises 28-3				Neosho
CUSTOMER Post Rock Energy Corp			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 4402 Johnson Rd			520 Shannon			
CITY Chanute			515 Merle			
STATE KS			83 Alan C. (Meyer Trng)			
ZIP CODE			1019/791 Cecese Taylor (Trng)			

JOB TYPE 115 0 HOLE SIZE 2 7/8" HOLE DEPTH 806' CASING SIZE & WEIGHT 5 1/2" 14"
 CASING DEPTH 799" DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 135# SLURRY VOL 39 Bbl WATER gal/sk 8? CEMENT LEFT in CASING 0'
 DISPLACEMENT 19 1/2 Bbl DISPLACEMENT PSI 500 MIX PSI 1000 Bump plug RATE _____

REMARKS: Safety meetings. Rig up to 5 1/2" casing. Break circulation w/ 25 Bbl fresh water
 Pump 500# gal flush w/ bulls, 10 Bbl water spacer 11 Bbl dye water Mixed 120 sks class
 A cement w/ 2% calci 2% metasilicate 1/2% CE-115 1/2% ceithin-P, 10" Rot seal/sk & 1" phar seal/sk
 @ 135#/gal yield 1.22 washout pump & lines, release plug. Displace w/ 19 1/2 Bbls fresh water. Final
 pump pressure 500 PSI. Bump plug to 1000 PSI release pressure. Plug & plug hold. Good cement returns
 to surface. 4 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	20	MILEAGE 1st well of 3	4.00	80.00
1104S	120 sks	class A cement	14.95	1794.00
1102	225#	2% calci	.74	166.50
1111A	225#	2% metasilicate	2.00	450.00
1135A	59#	1/2% CE-115	10.55	622.45
	11"	1/2% ceithin-P	n/c	n/c
1110A	1200"	10" Rot seal/sk	.46	552.00
1102A	120"	1" phar seal/sk	1.29	154.80
5407A	6.24	con mileage bulk trk	1.34	668.93
5501C	3 hrs	water transport	112.00	336.00
5502C	3 hrs	80 Bbl vac. TRV	90.00	270.00
1123	2000 gals	city water	11.30/1000	132.00
			subtotal	6256.68
			7.3%	SALES TAX
				ESTIMATED TOTAL
				6539.32

AUTHORIZATION Nes 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.

