



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: _____



1153038

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)* _____

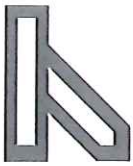
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD 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	LECK, DORIS 30-5
Doc ID	1153038

All Electric Logs Run

DIL
CDL
NDL
TEMP
CBL



PostRock
Energy Corporation

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

TICKET NUMBER

7465

FIELD TICKET REF#

FORMAN Nathan Gehman
AFE D13031

SSI

API 15-133-27633-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-22-13	Leck, Doris 30-5	30	30S	18E	Neosho

FORMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILR #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gehman	1:00	6:00	5	905575			<i>Nathan Gehman</i>
Chris Kincaid		5:00	4	903142	932895		<i>Chris Kincaid</i>
Greg Blackmore		5:00	4				<i>Greg Blackmore</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 985 CASING SIZE & WEIGHT 5 1/2, 14#
 CASING DEPTH 978, 34 DRILL PIPE _____ TUBING _____ OTHER 605 Jones rig crew
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 23.9 DISPLACEMENT PSI 500 MIX PSI _____ RATE 4.0

REMARKS:
On location 1:00 spotted trucks with backhoe due to ice and snow,
ready to run casing at 1:30. ~~Ready~~ Washed in final 20'. Ready
to cement at 2:30 See COWS ticket for cement job details
Slight oil show No topoff needed.

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	
	978, 34'	Casing	
	5	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	—	Frac Baffles	
		Portland Cement	
		Gilsonite	
		Flo-Seal	
	5 sks	Premium Gel	
		Cal Chloride	
		City Water	
		KCL	
		KOL Seal	
	1 sk	Cotton Seed Hulls	
932895	1	Casings trailer	
931465	1	Back Hoe	

Revision 931695



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 41301

LOCATION Forke KS

FOREMAN Shannon Feck

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

FIELD TICKET & TREATMENT REPORT
CEMENT AP# 15-133-27033

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-22-13		Doris Leck # 30-5	30	30S	18 E	NooSho
CUSTOMER Post Rock Energy Corp			605 Jones			
MAILING ADDRESS 4402 Johnson Rd			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Chanute			445	Dave G		
STATE KS			515	Mark R		
ZIP CODE			45217103	Jim M		

JOB TYPE L/S HOLE SIZE 7 7/8" HOLE DEPTH 985' CASING SIZE & WEIGHT 5 1/2" @ 14"
 CASING DEPTH 978.34' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 135 # SLURRY VOL 46 Bbl WATER gal/sk 7.0 CEMENT LEFT in CASING 0
 DISPLACEMENT 24 Bbl DISPLACEMENT PSI 500 MIX PSI 5000 Plug @ 1000 RATE 4 BPM

REMARKS: Safety Meeting, Rig up to 5 1/2" casing, wash 15' w/ 50 Bbl water, mixed 500 # Gel Flush w/ bulk, 15 Bbl water spacer, 74 Bbl dye water, mixed 1355 sks Thickset cement w/ 5# kut-seal/sk, 1# ph-noseal/sk, 4 1/4% CFL-115 @ 13.5 #/gal. Shut down wash out pump & lines & displace with 24 Bbl water. Final pumping pressure of 500psi, bumped plug @ 1000psi. Flood & plug held. Good circulation @ all times. 8 Bbl slurry to fit. Job complete.

"Thanks Shannon & crew"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	30	MILEAGE # 2 of 2 wells	4.00	120.00
1126 A	135 sks	Thickset cement	19.70	2592.00
1110 A	675 #	Kut-seal @ 5#/sk	.46	310.50
1107 A	135 #	Ph-noseal @ 1#/sk	1.29	174.15
1135 A	38 #	CFL-115 @ 1/4%	10.55	400.90
5407 A	7.425 TONS	Ton mileage bulk Truck (x 70 miles)	1.34	696.46
5501 C	3 Hours	Water Transport	112.00	336.00
1123	5400 gals	city water	16.50/1000	89.10
			Sub Total	5749.11
			7.3%	SALES TAX 260.36
			ESTIMATED TOTAL	6009.47

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

Leck, Doris 30-5

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	43.34	43.09		Date:2/19/13
2	43.35	86.19		Well Name & #:Doris Leck 30-5
3	43.37	129.31		Township & Range: 30S - 18E
4	43.38	172.44		County/State:Neosho/Kansas
5	43.38	215.57		AFE#:D13031
6	43.35	258.67		API# 15-133-27633-00-00
7	38.43	296.85		Comments: Projected TD-985'
8	43.36	339.96		
9	43.33	383.04		Joints are numbered in White
10	43.35	426.14		
11	43.31	469.2		Subs are in orange
12	43.37	512.32		
13	43.34	558.41		Added these subs for flexibility to adjust to actual TD
14	43.41	598.57		
15	43.39	641.71		
16	43.3	684.76		
17	43.37	727.88		Trailer# 932895
18	43.39	771.02		
19	43.43	814.2		Actual TD - 985 Log Bottom - 982.10 Casing Tally - 978.34 No Baffles Centralizer 1st joint then every 5th joint to surface.
20	43.39	857.34		
21	43.41	900.5		
22	43.41	943.66		
23	43.29	986.7		
24	5.2	991.65		
25	10.27	953.18		
26	14.9	958.31		
27	20.03	978.34		
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PostRock Energy Corp.