



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: _____



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	GROSDIDIER, FRANCIS E 15-10
Doc ID	1153039

All Electric Logs Run

DIL
CDL
NDL
TEMP
CBL

Air Drilling Specialist
Oil & Gas Wells

THORNTON AIR ROTARY, LLC
Office Phone: 620-879-2073

PO Box 449
Caney, KS 67333

Date Started	2/25/2013
Date Completed	2/26/2013

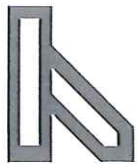
Operator	A.P.I #	County	State
Post Rock Energy	15-133-27635-00-00	Neosho	Kansas

Well No.	Lease	Sec.	Twp.	Rge.
15-10	Grosdidier, Francis E	15	28	20

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
Oil	Brantley Thornton	5	21' 8 5/8	631	7 7/8

Formation Record

0-8	MUD	570-572	COAL		
8-10	COAL	572-631	SANDY SHALE		
10-80	SANDY SHALE	631	TD		
80-95	LIME				
95-120	SANDY LIME				
120-140	SHALE				
140-160	SAND				
160-161	COAL				
161-190	SAND				
190-225	LIME (PAWNEE)				
225-269	SHALE				
269-270	COAL				
270-275	BLACK SHALE				
275-290	LIME (OSWEGO)/DAMP				
290-297	BLK SHALE (SUMMIT)				
297-313	LIME				
313-319	BLK SHALE (MULKY)				
319-320	COAL				
320-322	LIME				
322-397	SHALE				
397-399	COAL				
399-421	SANDY SHALE				
430	WENT TO WATER				
421-423	LIME				
423-473	SANDY SHALE				
473-474	COAL				
474-480	SAND				
480-490	SAND / GOOD ODOR				
490-498	SAND/ GOOD ODOR & SHOW				
498-570	SHALE				



PostRock
Energy Corporation

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

TICKET NUMBER **7466**
FIELD TICKET REF# _____
FORMAN Nathan Gahman
AFE D13032
SSI _____
API 15-133-27635-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
2-28-13	Grasdidier, Francis 15-10		15			Neosho	
FORMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILR #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	8:00	12:00		905525		4	Nat G
Chris Kincaid				931400	932900	4	
Craig Blackmer				903605	933235	4	

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 631 CASING SIZE & WEIGHT 5 1/2, 14#
 CASING DEPTH 627.92 DRILL PIPE _____ TUBING _____ OTHER Gus Jones rig crew
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 15.3 DISPLACEMENT PSI 300 MIX PSI _____ RATE 4.0

REMARKS:
On location at 9:00. Ready to run casing at 9:30. Drained pit with 80-Vac. Wash'd in final 6'. Ready to cement at 10:45. See COWS ticket for cement job details. Very good oil show. No top off needed. Spotted trucks with dozer. Dressed up pad with dozer after job was complete.

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	
931400	1	Casing Truck	
	627.92'	Casing	
	3	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	-	Frac Baffles	
		Portland Cement	
		Gilsonite	
		Flo-Seal	
	4 sks	Premium Gel	
		Cal Chloride	
		City Water	
		KCL	
		KOL Seal	
	1 sk	Cotton Seed Hulls	
932900	1	Casing trailer	
930840	1	Dozer	

Grosdidier, Francis 15-10

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	45.42	45.17		Date:2/25/13
2	44.89	89.81		Well Name & #:Francis Grosdidier 15-10
3	45.42	134.98		Township & Range:
4	45.43	180.16		County/State:Kansas
5	45.43	225.34		AFE#:D13032
6	45.5	270.59		API# 15-133-27635-00-00
7	45.41	315.75		Comments: Projected TD-625'
8	45.42	360.92		
9	45.43	406.1		Joints are numbered in Yellow
10	45.42	451.27		
11	45.43	496.45		Subs are in orange
12	45.41	541.61		
13	36.7	581.06		Added these subs for flexibility to adjust to actual TD
14	45.42	623.23		
15	4.99	627.97		
16	10.21	637.93		
17	15.23	652.91		Actual TD- 631' Log Bottom- 621' Casing Talley- 627.97' No Baffles Centralizers per SOP
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PostRock Energy Corp.