



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: _____



1153069

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 Bbbs.	Gas Mcf	Water Bbbs.	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	MIH, MARIAM L 10-4
Doc ID	1153069

All Electric Logs Run

CDL
NDL
DIL
TEMP
CBL



PostRock
Energy Corporation

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

TICKET NUMBER **8000**
FIELD TICKET REF # _____
FOREMAN Nathan Gahman
AFE D13043
SSI _____
API 15-133-27643-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER			SECTION	TOWNSHIP	RANGE	COUNTY
3-14-13	Mib, Marian 10-4			10	28S	19E	Neosho
FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	11:00	2:30		905525		3.5	<i>Nathan Gahman</i>
Darrell Chaney				903192			<i>Darrell Chaney</i>
Colby Dean				903600			<i>Colby Dean</i>
Michael Clines				931400	932900		<i>Michael Clines</i>
Joe Rodgers				903414	932170		<i>Joe Rodgers</i>
Mark Snavely				931585	931507		<i>Mark Snavely</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 850 CASING SIZE & WEIGHT 5 1/2, 14 #
 CASING DEPTH 843.75' DRILL PIPE _____ TUBING _____ OTHER 6 1/2 Jones rig even
 SLURRY WEIGHT 13.5 SLURRY VOL 140 WATER gal/sk _____ CEMENT LEFT IN CASING 0
 DISPLACEMENT 20.6 DISPLACEMENT PSI 400 ^{5" plug} ~~MAX PSI~~ 1000 RATE 4.5 bpm

REMARKS: On location at 11:30, started running casing at 11:45. Washed in final 20' of casing. Ready to cement at 1:00. Pumped 500 lbs gal with 1sk hulls. Then pumped 10 bbl water spacer. Pumped 13.75 bbl dye. Pumped 140 sks cement slurry to get dye to surface. Cleaned pump and hoses, pumped plug down and set float shoe. Held 1000 psi for 3min. Released pressure float shoe and plug held. Cleaned equipment, left location. Very good oil show. May need topoff.

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICE OR PRODUCT	TOTAL AMOUNT
905525	1	Foreman Pickup	
903192	1	Cement Pump Truck	
903600	1	Bulk Truck	
903414 / 931585	2	Transport Truck	
932170 / 931507	2	Transport Trailer	
		80 Vac	
931400	1	Casing Truck	
932900	1	Casing Trailer	
	843.75'	Casing	
	4	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	-	Frac Baffles	
	110 sks	Portland Cement	
	4 sks	CSA-122 Sodium Silicate	
	1 sk	CGL-115 Cement Fluid Loss	
	6 sks	Premium Gel	
	4 sks	Col Chloride	
	200 bbl	City Water	
	11 # lbs	Chemthix-P Thixotropic	
	21 sks	KOL Seal	
	1 sk	Colton Seed Hulls	

Mih, Mariam 10-4

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	43.35	43.1		Date:3/13/13
2	43.36	86.21		Well Name & #:Mariam Mih 10-4
3	43.34	129.3		Township & Range: 28S - 19E
4	43.33	172.38		County/State:Neosho/Kansas
5	43.34	215.47		AFE#:D13043
6	43.32	258.54		API# 15-133-27643-00-00
7	43.37	301.66		Comments:
8	43.36	344.77		Projected TD-850'
9	43.33	387.85		
10	43.36	430.96		Joints are numbered in White
11	43.34	474.05		
12	43.3	517.1		Subs are in orange
13	43.44	563.29		
14	43.33	603.37		
15	43.33	646.45		
16	43.37	689.57		
17	43.33	732.65		Added these subs for
18	43.33	775.73		flexibility to adjust to actual TD
19	43.38	818.86		
20	15.49	834.1		Trailer# 932900
21	9.9	843.75		
22	10.04	853.54		Actual TD - 850
23	10.21	863.5		Log Bottom - 848.00
24	5.47	868.72		Casing Tally - 843.75
25				No Baffles
26				Centralizers per SOP
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PostRock Energy Corp.