



KANSAS CORPORATION COMMISSION 1153071
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: _____



1153071

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) _____

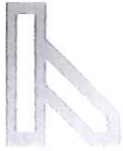
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD 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	OLSON, RUBY A 2-6
Doc ID	1153071

All Electric Logs Run

CDL
NDL
DIL
TEMP



PostRock
Energy Corporation

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

TICKET NUMBER **8006**
FIELD TICKET REF # _____
FOREMAN Nathan Gahman
AFE D13047
SSI _____
API 15-205-28112-00-00

TREATMENT REPORT
& FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER			SECTION	TOWNSHIP	RANGE	COUNTY
3-20-13	Olson, Ruby A 2-6			2	285	16E	Wilson
FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	6:00	11:00		905525		5	Nathan G
Chris Kincaid	6:45	1		931400	932900	4.25	Chris K
Greg Blackmore	6:30	1		903605	933235	4.5	Greg B

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 1205 CASING SIZE & WEIGHT 5 1/2, 14#
 CASING DEPTH 1204.08 DRILL PIPE _____ TUBING _____ OTHER Bus Jones rig crew
 SLURRY WEIGHT 13.9 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 0
 DISPLACEMENT 29.4 DISPLACEMENT PSI 400 MIX PSI _____ RATE 4.0

REMARKS: On location at 7:45 Rig crew on location at 8:30. Started running casing at 8:45, Washed in final 80' of casing. Ready to cement at 10:00. See COWS ticket for cement job details. Trace oil show. Will need top off.
North
Looks to be a old abandoned well approx 100' from new well.

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICE OR PRODUCT	TOTAL AMOUNT
905525	1	Foreman Pickup	
		Cement Pump Truck	
		Bulk Truck	
903605	1	Transport Truck <u>Haul Truck</u>	
933235	1	Transport Trailer <u>Lowboy Trailer</u>	
931150	1	80 Vac <u>Dozer</u>	
931400	1	Casing Truck	
932900	1	Casing Trailer	
	<u>1204.08'</u>	Casing	
	<u>6</u>	Centralizers	
	<u>1</u>	Float Shoe	
	<u>1</u>	Wiper Plug	
	<u>—</u>	Frac Baffles	
		Portland Cement	
		CSA-122 Sodium Silicate	
		CGL-115 Cement Fluid Loss	
	<u>6 sks</u>	Premium Gel	
		Ca Chloride	
		City Water	
		Chemhix-P Thixotropic	
		KOL Seal	
	<u>1 sk</u>	Cotton Seed Hulls	



CONSOLIDATED
Oil Well Services, LLC

AFF # D13047

TICKET NUMBER **41406**

LOCATION Evrick & S

FOREMAN Shannon Fick

FIELD TICKET & TREATMENT REPORT

CEMENT

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

APT # 15-125

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-20-13		Olson, Ruby 2-6				Wilson
CUSTOMER Post Rock Energy Corp			Gus Jones			
MAILING ADDRESS 4402 Johnson Rd			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Chanute			611	Dave G		
STATE KS			619 & T91	Joey K		
ZIP CODE			618 & T95	George T	Thayer	Truck
				Jay J	Thayer	Truck

JOB TYPE L/S HOLE SIZE 7 7/8" HOLE DEPTH 1207' CASING SIZE & WEIGHT 5 1/2" @ 14#
 CASING DEPTH 1204.28 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.9 # SLURRY VOL 58 Bbl WATER gal/sk 6.02 CEMENT LEFT in CASING 0
 DISPLACEMENT 29.5 DISPLACEMENT PSI 400 MIX PSI Bump Plug @ 900 RATE Displace @ 4 BPM

REMARKS: Safety Meeting, rig up to 5 1/2" casing, wash down @ w/90 Bbl, mixed 600# gal flush w/hulls, 10 Bbl H2O spacer, 20 Bbl dye H2O, mixed 200 SKS 50/50 pozmix cement w/ 2% gel 2% calcium, 3# cat-seal/sk 5# kut-seal/sk 1# phenoseal/sk & 1/4 % CFL-115 @ 13.9 #/gal. Shut down wash out pump & lines, displace w/295 Bbl H2O, final pumping pressure of 400 PSI bumped plug to 900 PSI. Plug & float held, good circulation @ all times, 5.6 Bbl slurry to pit, cement was falling back fast. 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	50	MILEAGE #1 of 3 wells	4.00	200.00
1124	200 SKS	50/50 pozmix cement	10.95	2190.00
1118 B	385 #	gel @ 2%	.21	80.85
1102	385 #	calcium @ 2%	.74	284.90
1101	600 #	cat-seal @ 3#/sk	.40	240.00
1110 A	1000 #	kut-seal @ 5#/sk	.46	460.00
1107 A	700 #	phenoseal @ 1#/sk	1.29	258.00
1135 A	50 #	CFL-115 @ 1/4%	10.55	527.50
5407 A	96 tons	Ten mileage bulk Truck	1.34	643.20
5501 C	3 hrs	Water Transport #619 Thayer Truck	112.00	336.00
5501 C	3 hrs	water Transport #618 Thayer Truck	112.00	336.00
1123	8400 gal	city water	16.40/1000	138.60
			Sub Total	6725.05
			6.3% SALES TAX	263.33
			ESTIMATED TOTAL	6988.38

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

Olson, Ruby A. 2-6

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	42.33	42.08		Date: 3/19/13
2	41.23	83.06		Well Name & #: Ruby Olson 2-6
3	42.43	125.24		Township & Range: 28S - 16E
4	42.44	167.43		County/State: Wilson/KS
5	42.14	209.32		AFE#: D13047
6	45.48	254.55		API# 15-205-28112-00-00
7	41.35	295.65		Comments:
8	42.48	337.88		Projected TD- 1205'
9	42.42	380.05		
10	42.37	422.17		Joints are numbered in Yellow
11	41.3	463.22		
12	42.41	505.38		Subs are in orange
13	36.55	544.68		
14	42.41	583.84		
15	42.33	625.92		
16	42.47	668.14		
17	42.33	710.22		Added these subs for
18	45.45	755.42		flexibility to adjust to actual TD
19	42.45	797.62		
20	42.52	839.89		Trailer# 932900
21	42.44	882.08		
22	42.31	924.14		Actual TD - 1205
23	42.06	965.95		Log Bottom - 1207.60
24	42.33	1008.03		Casing Tally - 1204.08
25	42.16	1049.94		No Baffles
26	42.36	1092.05		Centralizers per SOP
27	42.35	1134.15		
28	40.93	1174.83		
29	14.75	1189.33		
30	15	1204.08		
31	10.21	1214.04		
32	4.94	1218.73		
33				
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PostRock Energy Corp.