



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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	GROSDIDIER, FRANCIS E 14-2
Doc ID	1153130

All Electric Logs Run

CBL
CDL
NDL
DIL
TEMP

Air Drilling Specialist
Oil & Gas Wells

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

PO Box 449
Caney, KS 67333

Correct Copy

Date Started	3/13/2013
Date Completed	3/14/2013

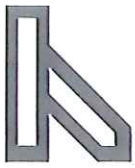
Operator	A.P.I #	County	State
Post Rock Energy	15-133-27641-00-00	Neosho	Kansas

Well No.	Lease	Sec.	Twp.	Rge.
14-2	Grosdidier, Francis E	14	28	20

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
Oil	Brantley Thornton	5	23' 8 5/8	631	7 7/8

Formation Record

0-10	MUD	600	WENT TO WATER		
10-12	COAL	631	TD		
12-14	SHALE / WET				
14-45	SHALE				
45-95	LIME				
95-120	SANDY LIME				
120-171	SAND				
171-174	LIME				
174-176	COAL				
176-200	SHALE				
200-218	LIME (PAWNEE)				
210-260	SHALE				
260-282	LIME (OSWEGO)				
282-288	BLK SHALE (SUMMIT)				
288-294	LIME				
294-300	BLK SHALE (MULKY)				
300-303	LIME				
303-325	SAND / LT ODOR				
325-380	SANDY SHALE				
380-381	COAL				
381-403	SANDY SHALE				
403-405	COAL				
405-411	SANDY SHALE				
411-412	COAL				
412-450	SANDY SHALE				
450-452	COAL				
452-462	SAND				
462-475	SAND / GOOD ODOR & SHOW				
475-480	SAND / LT ODOR				
480-631	SHALE				



PostRock
Energy Corporation

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

TICKET NUMBER **7474**
FIELD TICKET REF# _____
FORMAN Nathan Gahman
AFE D13048
SSI _____
API 15-133-27641-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
3-18-13	Grassidier, Francis E. 14-2		14	28S	20E	Neosho

FORMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILR #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	6:00	11:00		905525		5	Nat G
Chris Kincaid	6:30			931400	932900	4.5	Chris
Greg Blackmore	6:30			904815		4.5	Greg

JOB TYPE Long String, HOLE SIZE 7 7/8 HOLE DEPTH 631 CASING SIZE & WEIGHT 5 1/2, 14#
 CASING DEPTH 627.93 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 8:00. Rig crew on location at 8:15. Spotted trucks with dozer. Ready to run casing at 9:00. Washed in final 15'. Ready to cement at 10:00. 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
905525	1	Forman Pickup	
		Cement Pump Truck	
		Bulk Truck	
		Transport Truck	
		Transport Trailer	
		80 Vac	
931400	1	Casing Truck	
	627.93	Casing	
	4	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	
931150	1	Dozer	



CONSOLIDATED
Oil Well Services, LLC

AFE # D15048
PC #

TICKET NUMBER 41389

LOCATION For 1 in KS

FOREMAN Shannon Lock

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

FIELD TICKET & TREATMENT REPORT

CEMENT HP # 15-133-27641

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-18-13		Grischdier, Francis 14-2				
CUSTOMER Post Rock Energy Corp 4402 Johnson Rd Chanute			Gus Jones			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
STATE KS			445	Dave G		
ZIP CODE			667	Chris B		
			93	Alan G	Mcloy Trucking	

JOB TYPE US HOLE SIZE 7 7/8" HOLE DEPTH 631' CASING SIZE & WEIGHT 5 1/2" @ 14#
 CASING DEPTH 627.73' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 135 # SLURRY VOL 32 Bbl WATER gal/sk 90 CEMENT LEFT in CASING 0
 DISPLACEMENT 15.5 Bbl DISPLACEMENT PSI 300 MIX PSI Bump Plug @ 800 RATE Displace @ 4 RPM

REMARKS: Safety Meeting, Rig up to 5 1/2" casing wash down 15' w/ 50 Bbl mix 400# gel flush w/ hulls, 75 Bbl H2O spacer, 5 Bbl dye water, Mixed 85 sls Thick set cement w/ 5# kol-seal/sk, 1# phenoseal/sk, & 1/4% CFI-115 @ 13.5#/gal Shut down wash out pump & lines. Displace w/ 15.5 Bbl H2O, final pumping pressure of 300psi, bumped plug @ 800psi. Plug & float held. Good circulation @ all times, 5 Bbl slurry to pit. 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	70	MILEAGE #1 of 3 wells	4.00	280.00
1126A	85 sls	Thick set Cement	19.20	1632.00
1110A	425 #	Kol seal @ 5#/sk	.46	195.50
1107A	85 #	Phenoseal @ 1#/sk	1.29	109.65
1135A	24 #	CFI-115 @ 1/4%	10.55	253.20
5407A	4.67 Tons	Ton mileage bulk Truck	1.34	438.51
5502C	3 Hrs	90 Bbl Vac Truck #93 Mcloy Trucking	90.00	270.00
1123	3300 Gal	city water	16.9/1000	54.45
			SubTotal	4263.31
			SALES TAX 7.30%	163.87
			ESTIMATED TOTAL	4427.18

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

Grosdidier, Francis E. 14-2

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	43.38	43.13		Date:3/14/13
2	43.37	86.25		Well Name & #:Francis Grosdidier 14-2
3	43.4	129.4		Township & Range: 28S - 20E
4	43.29	172.44		County/State: Neosho/Kansas
5	43.38	215.57		AFE#:D13048
6	43.42	258.74		API# 15-133-27641-00-00
7	43.38	301.87		Comments: Projected TD-631'
8	43.33	344.95		
9	43.37	388.07		Joints are numbered in Yellow
10	43.36	431.18		
11	43.33	474.26		Subs are in orange
12	43.39	517.4		
13	43.34	563.49		Added these subs for flexibility to adjust to actual TD
14	43.31	603.55		
15	14.9	618.2		
16	9.98	627.93		
17	4.91	632.59		Trailer# 932900
18	4.94	637.28		
19				Actual TD - 631 Log Bottom - 618.60 Casing Tally - 627.93 No Baffles Centralizers per SOP
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PostRock Energy Corp.