



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: \_\_\_\_\_



1153778

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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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	BOLLIG, ROBERT J 27-6
Doc ID	1153778

All Electric Logs Run

CDL
NDL
DIL
TEMP



PostRock  
Energy Corporation

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

TICKET NUMBER **8010**  
FIELD TICKET REF # \_\_\_\_\_  
FOREMAN Nathan Gabman  
AFE D13056  
SSI \_\_\_\_\_  
API 15-205-28120-00-00

**TREATMENT REPORT  
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
3-22-13	Bollig, Robert J 27-6		27	285	17E	Wilson	
FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gabman	11:00	4:00		905525		5	<i>[Signature]</i>
Chris Kincaid		2:30		931400	932900	3.5	<i>[Signature]</i>
<del>Greg Blankenship</del>							

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 1057 CASING SIZE & WEIGHT 5 1/2, 14#  
 CASING DEPTH 1050.91 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER 60s Jones rig crew  
 SLURRY WEIGHT 13.9 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT IN CASING 0  
 DISPLACEMENT 25.6 DISPLACEMENT PSI 500 MIX PSI \_\_\_\_\_ RATE 4.0

REMARKS: On location at 11:00 Ready to run casing at 11:15. Washed  
in final 10' Ready to cement at 12:30. See COWS  
ticket for cement job details. Slight oil show  
No top off needed.

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICE OR PRODUCT	TOTAL AMOUNT
905525	1	Foreman Pickup	
		Cement Pump Truck	
		Bulk Truck	
	X	Transport Truck <u>haul Truck</u>	
	X	Transport Trailer <u>low boy Trailer</u>	
		80 Vac	
931400	1	Casing Truck	
932900	1	Casing Trailer	
	1050.91'	Casing	
	5	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	-	Frac Baffles	
		Portland Cement	
		CSA-122 Sodium Silicate	
		CGL-115 Cement Fluid Loss	
	6 sks	Premium Gel	
		Cal Chloride	
		City Water	
		Chemthix-P Thixotropic	
		KOL Seal	
	1 sk	Cotton Seed Hulls	



**CONSOLIDATED**  
Oil Well Services, LLC

API # D13056

API # 15205-25120

TICKET NUMBER 41435

LOCATION Leola, KS

FOREMAN Shannon J. Eck

James Wood

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
3-27-13		Bell, Robert 27-6				Wilson	
CUSTOMER Post Rock Energy Corp			605				
MAILING ADDRESS 4402 Johnson Rd			Jones				
CITY Chanute		STATE KS	ZIP CODE				
TRUCK #		DRIVER		TRUCK #		DRIVER	
520		John S					
515		Mark R					
45247103		Jim M					
93		Alan G		Newy Trucking			

JOB TYPE 4/5 HOLE SIZE 7 7/8" HOLE DEPTH 1057' CASING SIZE & WEIGHT 5 1/2" @ 14#  
 CASING DEPTH 1050.9' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.9 #/gal SLURRY VOL \_\_\_\_\_ WATER gal/sk 6.17 CEMENT LEFT in CASING 0  
 DISPLACEMENT 25.6 Bbl DISPLACEMENT PSI 500 MIX PSI 300 Pump (kg) RATE Displace @ 4 BPM

REMARKS: Safety meeting, rig up to 5 1/2" casing, wash down w/ 90 Bbl, mixed 600 # gel flush w/ bulls, 15 Bbl 1120 spacer, mixed 190 sks 50/50 portland cement, with 2% gel, 2% calcium, 3# cat-seal/sk, 5# kal-seal/sk, 1# pheno-seal/sk, 4 # 1/4% CFL-115 @ 13.9 #/gal. Shut down wash out pump & lines & displace w/ 25.6 Bbl 1120 fluid pumping pressure of 500 psi, bumped plug @ 900 psi, plug & tie held. Good circulation @ all times 10 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	0	MILEAGE # 2 of 2 wells n/c on location	N/C	N/C
1124	190 sks	50/50 portland cement	10.95	2080.50
1118B	320 #	gel @ 2%	.21	67.20
1102	320 #	Calcium @ 2%	.74	236.80
1101	570 #	cat-seal @ 3#/sk	.40	228.00
1110A	950 #	Kal-seal @ 5#/sk	.46	437.00
1107A	190 #	pheno-seal @ 1#/sk	1.29	245.10
1135A	40 #	CFL-115 @ 1/4%	10.55	422.00
5407A	9.12 Tons	Ton mileage bulk Truck (x 50 miles)	1.31	611.04
5502C	35 Hrs	90 Bbl Val Truck #193 McCoy Trucking	90.00	315.00
5501C	35 Hrs	Water Transport	112.00	392.00
1123	8400 gal	city water	16.50/1000	138.60
			Sub Total	6203.24
		6.3%	SALES TAX	242.87
			ESTIMATED TOTAL	6446.11

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.

# Bollig, Robert J. 27-6

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	41.34	41.09		Date: 3/20/13
2	42.34	83.18		Well Name & #: Robert Bollig 27-6
3	42.48	125.41		Township & Range: 28S - 17E
4	42.12	167.28		County/State: Wilson/KS
5	42.31	209.34		AFE#: D13056
6	42.38	251.47		API# 15-205-28120-00-00
7	42.4	293.62		Comments: Projected TD- 1056'
8	42.44	335.81		
9	42.41	377.97		
10	42.39	420.11		Joints are numbered in White
11	42.36	462.22		Subs are in orange
12	42.51	504.48		
13	42.4	549.63		Added these subs for flexibility to adjust to actual TD
14	42.35	588.73		
15	42.38	630.86		
16	42.32	672.93		
17	42.45	715.13		
18	41.37	756.25		Trailer# 932900
19	42.38	798.38		
20	42.37	840.5		Actual TD - 1057 Log Bottom - 1056 Casing Tally - 1050.91 No Baffles Centralizers per SOP
21	42.36	882.61		
22	42.29	924.65		
23	42.35	966.75		
24	42.34	1008.84		
25	42.32	1050.91		
26	14.74	1065.4		
27	9.88	1075.03		
28	4.97	1079.75		
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PostRock Energy Corp.

