



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1153739
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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
- Plug Back Conv. to GSW Conv. to Producer
- 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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1153739

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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

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	ESTES REV TRUST 4-2
Doc ID	1153739

All Electric Logs Run

DIL
NDL
CDL
TEMP

McPherson Drilling LLC

Drillers Log

McPherson Drilling LLC

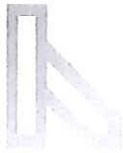
Rig Number: 2	S. 1 T. 29 R. 16E
API No. 15-205-28137	County: Wilson
Elev. 850'	Location: SW-SE-NE-SE

Operator: Post Rock midcontinent Production	
Address: Oklahoma Tower 210 Park Ave Ste 2750	
Well No: 4-2	Lease Name: Estes raw Trust
Footage Location:	1360 ft. from the (N) (S) Line
	550 ft. from the (E) (W) Line
Drilling Contractor: McPherson Drilling LLC	
Spud date: 4/5/13	Geologist:
Date Completed: 4/8/13	Total Depth: 1075'

Casing Record			Rig Time:
	Surface	Production	
Size Hole:	11"	7 7/8"	
Size Casing:	8 5/8"		
Weight:	23#/		
Setting Depth:	22'	Post Rock	
Type Cement:	port	" "	
Sacks:	5		

Gas Tests:
705' slight Blow
906' some
Put oil on Pit from 525'
To 532'
Put oil on Pit from 910'
To 925'

Inj water @ 200'									
Well Log			Well Log						
Formation	Top	Btm.	Formation	Top	Btm.	Formation	Top	Btm.	
oil/clay shale	0	9	shale	580	582	SAND	1024	1045	TD
shale	9	27	lime	582	606	shale	1045	1075	
lime	27	35	thick shale	606	610				
shale	35	42	shale	610	648				
sand	42	98	thin lime	648	669				
shale	98	168	limestone	669	674				
lime	168	212	lime	674	685				
shale	212	221	Mudstone	685	692				
lime	221	254	shale	692	696				
shale	254	274	sand	696	724				
lime	274	294	shale	724	769				
shale	294	306	coal	769	771				
lime	306	368	shale	771	806				
shale	368	426	sand	806	817				
lime	426	438	sand/shale	817	849				
shale	438	455	shale	849	863				
lime	455	470	oil sand	863	874				
sand	470	475	sand/shale	874	881				
shale	475	503	shale	881	908				
sand	503	524	oil sand	908	952				
oil sand	524	532	sand/shale	952	967				
sand/shale	532	561	oil sand	967	977				
shale	561	579	oil sand	977	990				
coal	579	580	sand/shale	990	1024				



PostRock

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

TICKET NUMBER **8024**
FIELD TICKET REF # _____
FOREMAN Nathan Gahman
AFE D13064
SSI _____
API 15-205-28137-00-00

TREATMENT REPORT
& FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER			SECTION	TOWNSHIP	RANGE	COUNTY
4-9-13	Estes Rev. Trust 4-2			4	29S	16E	Wilson
FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	6:00	12:30		905575		6.5	<i>Nathan Gahman</i>
Chris Kincaid	6:30	11:30		903142	932900	5	<i>Chris Kincaid</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 1075 CASING SIZE & WEIGHT 5 1/2, 14 #
CASING DEPTH 1070.40 DRILL PIPE _____ TUBING _____ OTHER Gus Jones rig crew
SLURRY WEIGHT 13.9 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 0
DISPLACEMENT 26.1 DISPLACEMENT PSI 400 MIX PSI _____ RATE 4.0

REMARKS: On location at 8:00. Pulled water out of pit with 80-Vac
Ready to run casing at 8:30. Washed in final 3'. Ready
to cement at 9:45. See COWS ticket for cement job
details. Trace oil show. May need top off.

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICE OR PRODUCT	TOTAL AMOUNT
905575	1	Foreman Pickup	
		Cement Pump Truck	
		Bulk Truck	
		Transport Truck	
		Transport Trailer	
		80 Vac	
903142	1	Casing Truck	
932900	1	Casing Trailer	
	1070.40'	Casing	
	5	Centralizers	
	1	Floor Shoe	
	1	Wiper Plug	
	—	Frac Baffles	
		Portland Cement	
		CSA-122 Sodium Silicate	
		CGL-115 Cement Fluid Loss	
	5 sks	Premium Gel	
		Cal Chloride	
		City Water	
		Chemthix-P Thixotropic	
		KOL Seal	
	1 sk	Cotton Seed Hulls	



CONSOLIDATED
Oil Well Services, LLC

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

AFE # 013064
AP # 15-205-28137

**FIELD TICKET & TREATMENT REPORT
CEMENT**

TICKET NUMBER 41460
LOCATION Euler
FOREMAN Rick Ledford
James M...

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-9-13		Estes Rev Trust 4-2				Wilson
CUSTOMER Post Rock Energy Corp			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 4402 Johnson Rd			445	Dave		
CITY Chanute			611	Jacy		
STATE KS			637	Allen B		
ZIP CODE			452/7103	Jim		

JOB TYPE L/S 0 HOLE SIZE 7 7/8" HOLE DEPTH 1075' CASING SIZE & WEIGHT 5 1/2" 14"
 CASING DEPTH 1070.40' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.9" SLURRY VOL 50 Bbl WATER gal/sk 6.1' CEMENT LEFT in CASING 0'
 DISPLACEMENT 26' Bbl DISPLACEMENT PSI 400 MIX PSI 900 Bump plus RATE 4 BPM

REMARKS: Safety meeting. Rig up to 5 1/2" casing. Break circulation w/ 50 Bbl fresh water. Pump 500# gel-flush w/ bulls, 15 Bbl water spacer, 15 Bbl dye water. Mixed 190 sacks 50/50 Perm cement w/ 2% gel, 2% cal. 3" cal-seal/sk, 5" cal-seal/sk, 1" phenoseal/sk + 1/4" cal. @ 135#/gal. Washout pump & lines, release plug. Displace w/ 26' Bbl fresh water. Final pump pressure 400 PSI. Pump plug to 900 PSI. release pressure, float & plug held. Good cement returns to surface. 6 Bbl slurry to pit. Job complete. Rig down.

Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	50	MILEAGE	4.00	200.00
1124	190 sacks	50/50 Perm cement	10.95	2080.50
1118B	320"	2% gel	.21	67.20
1162	320"	2% cal. 2	.74	236.80
1161	576"	3" cal-seal/sk	.40	228.00
1110A	950"	5" cal-seal/sk	.46	437.00
1162A	196"	1" phenoseal/sk	1.25	245.10
1135A	46"	1/4" cal. C.I.-115	10.55	422.00
5407A	9'	loc mileage bulk tol	1.34	611.04
5501	3 hrs	water transport	112.00	336.00
5502	3 hrs	20 Bbl var TR	90.00	270.00
1123	9000 gals	city water	11.50/1000	148.50
			subtotal	6312.14
			6.3%	SALES TAX 243.50
			ESTIMATED TOTAL	6555.64

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

Estes Rev. Trust 4-2

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	42.49	42.24		Date: 4/9/13
2	42.47	84.46		Well Name & #: Estes Rev. Trust 4-2
3	42.49	126.7		Township & Range: 29S - 16E
4	42.49	168.94		County/State: Wilson/KS
5	42.47	211.16		AFE#: D13064
6	42.52	253.43		API# 15-205-28137-00-00
7	42.53	295.71		Comments: Projected TD- 1075'
8	42.52	337.98		
9	42.42	380.15		
10	42.49	422.39		Joints are numbered in Yellow
11	42.49	464.63		Subs are in orange
12	42.45	506.83		
13	42.5	552.08		Added these subs for flexibility to adjust to actual TD
14	42.53	591.36		
15	42.49	633.6		
16	42.44	675.79		
17	42.48	718.02		Trailer# 932900
18	42.51	760.28		
19	42.42	802.45		Actual TD - 1075 Log Bottom - 1077.60 Casing Tally - 1070.40 No Baffles Centralizers per SOP
20	42.44	844.64		
21	42.47	886.86		
22	42.44	929.05		
23	42.45	971.25		
24	42.52	1013.52		
25	42.5	1055.77		
26	14.88	1070.4		
27	10.04	1080.19		
28	10	1089.94		
29	4.78	1094.47		
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				

PostRock Energy Corp.

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

July 31, 2013

CLARK EDWARDS
PostRock Midcontinent Production LLC
Oklahoma Tower
210 Park Ave, Ste 2750
OKLAHOMA CITY, OK 73102

Re: ACO1
API 15-205-28137-00-00
ESTES REV TRUST 4-2
SE/4 Sec.04-29S-16E
Wilson County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
CLARK EDWARDS