



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	BAILEY, MARION L 14-14
Doc ID	1154454

All Electric Logs Run

CDL
CBL
DIL
NDL
TEMP



PostRock
Energy Corporation

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

TICKET NUMBER **8015**
FIELD TICKET REF # _____
FOREMAN Nathan Gabman
AFE D13060
SSI _____
API 15-133-27645-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
3-28-13	Bailey, Marion L. 14-14		14	28S	18E	Neesho	
FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gabman	11:30	2:30		905575		3	<i>Nate Gab</i>
Chris Kincaid				903142	932895	3	<i>Chris Kin</i>
Greg Blackmore				903605		3	<i>Greg Bl</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 957 CASING SIZE & WEIGHT 5 1/2, 14#
 CASING DEPTH 954.17 DRILL PIPE _____ TUBING _____ OTHER Cow Jones rig crew
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 0
 DISPLACEMENT 23.3 DISPLACEMENT PSI 450 MIX PSI _____ RATE 4.0

REMARKS: On location at 11:30. Spotted trucks with dozer
Ready to run casing at 12:00. Washed in final 10'
Ready to cement at 12:30. See COWS ticket for
cement job details. Removed trucks from location
with dozer. Well was very gasy before cement job
Fair oil show No top off needed

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICE OR PRODUCT	TOTAL AMOUNT
905575	1	Foreman Pickup	
		Cement Pump Truck	
		Bulk Truck	
903605	1	Transport Truck Haul Truck	
	1	Transport Trailer Lowboy Trailer	
931150	1	80-Yac Dozer	
903142	1	Casing Truck	
932895	1	Casing Trailer	
	954.17'	Casing	
	5	Centralizers	
	1	Float 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	

Bailey, Marion L. 14-14

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	42.29	42.04		Date: 3/27/13
2	42.34	84.13		Well Name & #: Bailey, Marion 14-14
3	42	125.88		Township & Range: 28S - 18E
4	42.31	167.94		County/State: Neosho/KS
5	42.33	210.02		AFE#: D13060
6	42.34	252.11		API# 15-133-27645-00-00
7	42.31	294.17		Comments:
8	42.32	336.24		Projected TD- 940'
9	42.33	378.32		
10	42.36	420.43		Joints are numbered in White
11	42.4	462.58		
12	42.31	504.64		Subs are in orange
13	42.3	549.69		
14	42.29	588.73		
15	42.31	630.79		
16	42.32	672.86		
17	42.27	714.88		Added these subs for flexibility to adjust to actual TD
18	42.32	756.95		
19	42.33	799.03		
20	42.29	841.07		Trailer# 932895
21	42.3	883.12		
22	41.86	924.73		Actual TD - 957
23	14.96	939.44		Log Bottom - 953.30
24	10	949.19		Casing Tally - 954.17
25	5.23	954.17		No Baffles
26				Centralizers per SOP
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				

PostRock Energy Corp.

Air Drilling Specialist
Oil & Gas Wells

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

PO Box 449
Caney, KS 67333

Date Started	3/26/2013
Date Completed	3/27/2013

Operator	A.P.I.#	County	State
Post Rock Energy	15-133-27645-00-00	Neosho	Kansas

Well No.	Lease	Sec.	Twp.	Rge.
14-14	Bailey, Marion L	14	28	18

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
Oil	Brantley Thornton	5	20' 8 5/8	957	7 7/8

Formation Record

0-2	MUD	521-545	SANDY SHALE		
2-28	SAND	545-566	LIME (OSWEGO)		
28-35	LIME	566-573	BLK SHALE (SUMMIT)		
35-60	SHALE	573-577	LIME		
60-120	LMY SAND	577-582	BLK SHALE		
120-130	SHALE	582-583	COAL		
130-135	LIME	583-710	SAND		
135-165	SHALE	710-742	SHALE		
165-166	COAL	742-767	SANDY SHALE		
166-175	SHALE	767-769	COAL		
175-195	LIME	769-796	SANDY SHALE		
195-200	SHALE	796-804	SAND / LT ODOR		
200-215	LMY SAND	804-820	SAND/ GOOD ODOR, BETTER COLOR		
215-225	SHALE / DAMP	820-852	SAND / LT ODOR, GOOD COLOR		
225-287	LIME	852-867	SANDY SHALE		
287-340	SHALE	867-868	COAL		
340-342	COAL	868-877	SANDY SHALE		
342-350	LIME	877-878	COAL		
350-355	SHALE	878-957	SHALE		
355-360	SANDY LIME	882	WENT TO WATER		
360-377	LIME	957	TD		
377-449	SHALE				
449-452	LIME				
452-457	BLACK SHALE				
457-465	LIME				
465-467	COAL				
467-490	LIME (PAWNEE)				
490-493	SHALE				
493-498	BLACK SHALE				
498-521	SHALE				