



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: _____



1154916

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
---	---

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
-----------------------------------	-----------	---------	-------------	---------------	---------

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: _____ _____
---	--	--

Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	HARDIN, B 27-8
Doc ID	1154916

All Electric Logs Run

CBL
DIL
CDL
NDL
TEMP



PostRock
Energy Corporation

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

TICKET NUMBER **8016**
FIELD TICKET REF # _____
FOREMAN Nathan Gahman
AFE D13062
SSI _____
API 15-205-28124-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
3-28-13	Hardin, B 27-8		27	28S	17E	Wilson	
FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	2:30	6:30		905525		4	<i>Nathan Gahman</i>
Chris Kinesid	2:30	6:00		931400	932900	3.5	<i>Chris Kinesid</i>
Greg Blackmore				903605			

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 1030 CASING SIZE & WEIGHT 5 1/2, 14#
 CASING DEPTH 1026.49 DRILL PIPE _____ TUBING _____ OTHER Gos Jones rig crew
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 0
 DISPLACEMENT 25 DISPLACEMENT PSI 500 MIX PSI _____ RATE 4.0

REMARKS: On location at 2:45. Ready to run casing at 3:15. Washed in final 5'. Ready to cement at 4:30. See COWS ticket for cement job details. Fair oil show. No topoff needed.

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICE OR PRODUCT	TOTAL AMOUNT
905525	1	Foreman Pickup	
		Cement Pump Truck	
		Bulk Truck	
903605	X	Transport Truck <u>Hot Truck</u>	
	X	Transport Trailer <u>Low boy Trailer</u>	
931150	X	80-Ycc <u>Dozer</u>	
931400	1	Casing Truck	
932900	1	Casing Trailer	
	1026.49'	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	



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 41455

LOCATION Fixere

FOREMAN Bob Ledford

AFE # D13062

FIELD TICKET & TREATMENT REPORT
CEMENT

Jammye J. G. Taylor
M. G. Taylor

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																				
3-28-13		Hardin B 22-8	27	28S	17E	Wilson																				
CUSTOMER <u>Post Rock Energy Corp</u>			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>520</td> <td>Jahn</td> <td></td> <td></td> </tr> <tr> <td>515</td> <td>Merle</td> <td></td> <td></td> </tr> <tr> <td>437</td> <td>Jim</td> <td></td> <td></td> </tr> <tr> <td><u>619/791</u></td> <td><u>George Taylor (Tracer)</u></td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	520	Jahn			515	Merle			437	Jim			<u>619/791</u>	<u>George Taylor (Tracer)</u>		
TRUCK #	DRIVER	TRUCK #					DRIVER																			
520	Jahn																									
515	Merle																									
437	Jim																									
<u>619/791</u>	<u>George Taylor (Tracer)</u>																									
MAILING ADDRESS <u>4402 Johnson Rd</u>																										
CITY <u>Chanute</u>	STATE <u>KS</u>	ZIP CODE																								

Jobs
Tours

JOB TYPE L/S 0 HOLE SIZE 7 7/8" HOLE DEPTH 1030' CASING SIZE & WEIGHT 5 1/2" 14"
 CASING DEPTH 1026.49' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 135# SLURRY VOL. 49 bbl WATER gal/sk 90 CEMENT LEFT in CASING 0'
 DISPLACEMENT 25 bbl DISPLACEMENT PSI 500 MIX PSI 1000 Bump plug RATE 4 bpm

REMARKS: Safety meeting. Rig up to 5 1/2" casing w/ washhead. Washdown 2' to PGTD. Pump 500 gal flush w/ bulls, 16 bbl water spacer, 15 bbl dye water. Mixed 135 lbs thickset cement w/ 5# Kal-seal/sk, 1# phenoxal/sk & 1/4% CFI-115 @ 13.5#/gal yield 1.85. Washout pump + loss, release plug. Displace w/ 25 bbl fresh water. Final pump pressure 500 psi. Bump plug to 1000 psi. Release pressure, float + plug held. Good cement returns to surface = 7 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	#	MILEAGE 3 ⁰⁰ well of 3	4.00	0/c
1126A	135 sacs	thickset cement	19.20	2592.00
1160A	6.75#	5# Kal-seal/sk	.46	310.50
1167A	135#	1# phenoxal/sk	1.27	174.15
1135A	32#	1/4% CFI-115	10.55	337.60
5407A	7.43	ton mileage bulk truck	1.34	497.81
5501C	3 1/2 hrs	water transport	112.00	392.00
5502C	3 1/2 hrs	20 bbl var TRU	90.00	315.00
1123	9000 gals	city water	16.50/1000	148.50
			3.00/1000	5797.56
			1.39/c	724.45
			ESTIMATED TOTAL	6022.01

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.

Hardin, B 27-8

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	42.38	42.13		Date: 3/27/13
2	42.42	84.3		Well Name & #: Hardin B 27-8
3	42.36	126.41		Township & Range: 28S - 17E
4	42.41	168.57		County/State: Wilson/KS
5	42.1	210.42		AFE#: D13062
6	42.36	252.53		API# 15-205-28124-00-00
7	42.08	294.36		Comments: Projected TD- 1030'
8	42.33	336.44		
9	42.45	378.64		
10	42.53	420.92		Joints are numbered in White
11	42.52	463.19		
12	42.54	505.48		Subs are in orange
13	42.51	550.74		
14	42.53	590.02		
15	42.52	632.29		
16	42.56	674.6		
17	42.46	716.81		Added these subs for flexibility to adjust to actual TD
18	42.54	759.1		
19	42.45	801.3		
20	42.48	843.53		Trailer# 932900
21	42.51	885.79		
22	42.45	927.99		Actual TD - 1030
23	42.51	970.25		Log Bottom - 1034.60
24	42.49	1012.49		Casing Tally - 1026.49
25	14.74	1026.98		No Baffles
26	9.88	1036.61		Centralizers per SOP
27	4.97	1041.33		
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				

PostRock Energy Corp.