



**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: \_\_\_\_\_



1154946

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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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	WING, MARK E 10-3
Doc ID	1154946

All Electric Logs Run

CBL
DIL
CDL
NDL
TEMP





PostRock  
Energy Corporation

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

TICKET NUMBER **8018**  
FIELD TICKET REF # \_\_\_\_\_  
FOREMAN Nathan Gahman  
AFE D13072  
SSI \_\_\_\_\_  
API 15-205-28131-00-00

**TREATMENT REPORT  
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER			SECTION	TOWNSHIP	RANGE	COUNTY
4-3-13	Wing, Mark E 10-3			10	28S	16E	Wilson
FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	6:00	11:00		905575		5	<i>Nathan Gahman</i>
Chris Kincaid	6:30			931400	932900	4.5	<i>Chris Kincaid</i>
Greg Blackmore	6:30			903605	933235	4.5	<i>Greg Blackmore</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 1225 CASING SIZE & WEIGHT 5 1/2, 14#  
 CASING DEPTH 1221.35 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER Gas Jones rig crew  
 SLURRY WEIGHT 13.9 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT IN CASING 0  
 DISPLACEMENT 29.8 DISPLACEMENT PSI 550 MIX PSI \_\_\_\_\_ RATE 4.0

REMARKS: On location at 7:30. Spotted trucks with dozer. Rig crew on location at 8:00. Ready to run casing at 8:30. Washed in final 20'. Ready to cement at 9:45. See COWS ticket for cement job details. ~~Some~~ Slight oil show. No topoff needed.

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICE OR PRODUCT	TOTAL AMOUNT
905575	1	Foreman Pickup	
		Cement Pump Truck	
		Bulk Truck	
903605	1	<del>Transport Truck</del> Haul Truck	
933235	1	<del>Transport Trailer</del> Lowboy Trailer	
931150	1	<del>80 Ycc</del> Dozer	
931400	1	Casing Truck	
931900	1	Casing Trailer	
	1221.35'	Casing	
	6	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	—	Frac Baffles	
		Portland Cement	
		CSA-122 Sodium Silicate	
		CGL-115 Cement Fluid Loss	
	8 sks	Premium Gel	
		Cal Chloride	
		City Water	
		Chemthix-P Thixotropic	
		KOL Seal	
	1 sk	Colton Seed Hulls	



**CONSOLIDATED**  
Oil Well Services, LLC

AFE #1 D13072  
APT #15-205-28131

TICKET NUMBER 41440

LOCATION Lyons KS

FOREMAN Shannon Teck

**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
4-3-13		Wing, Mark L 10-3				Wilson
CUSTOMER Post Rock Energy Corp			GOS Jones			
MAILING ADDRESS 4402 Johnson Rd			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Chanute			445	Dave G		
STATE KS			611	CHRIS B		
ZIP CODE			4524	Jim m		
			#93	Alan G	alley trucking	

JOB TYPE L/S HOLE SIZE 7 3/8" HOLE DEPTH 1225' CASING SIZE & WEIGHT 5 1/2" @ 14#  
 CASING DEPTH 1221.35 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.9 #/gal SLURRY VOL 55 Bbl WATER gal/sk 600 CEMENT LEFT in CASING ✓  
 DISPLACEMENT 30 Bbl DISPLACEMENT PSI 550 MIX PSI Emp plug @ 1050 RATE Displace @ 4 BPM

REMARKS: Safety Meeting, Rig up to 5 1/2" casing, wash down 30' w/ 80 Bbl, mixed 600# gel flush w/ hulls, 15 Bbl 1120 spacer, 4 Bbl dye H<sub>2</sub>O, mixed 200 SKS 50/50 portmix cement w/ 2% bel, 2% calcium, 3# cal-seal/sk, 5# kol-seal/sk, 1# phenuseal/sk & 1/4% CFL-115 @ 13.9 #/gal, shut down wash out pump & lines & displace w/ 30 Bbl 1120, final pumping pressure of 550 PSI, bumped plug @ 1050 PSI, plug & float held, good circulation @ all times, 56 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	50	MILEAGE #1 of 2 wells	4.00	200.00
1124	200 SKS	50/50 portmix cement	10.95	2190.00
1118B	385 #	Gel @ 2%	.21	80.85
1102	385 #	Calcium @ 2%	.74	284.90
1101	600 #	Cal-seal @ 3#/sk	.40	240.00
1110A	1000 #	Kol-seal @ 5#/sk	.46	460.00
1107A	200 #	Phenuseal @ 1#/sk	1.29	258.00
1135A	50 #	CFL-115 @ 1/4%	10.55	527.50
5407A	96 Tons	Ton mileage bulk Truck	1.34	643.20
5501C	3.5 Hours	water Transport	112.00	392.00
5502C	3.5 Hours	80 Bbl Jac Truck # 93, alley trucking	90.00	315.00
1123	8500 gals	city water	16.50/1000	140.25
			Sub Total	6761.70
			7.3% SALES TAX	305.24
			ESTIMATED TOTAL	7066.94

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.

## Wing, Mark E. 10-3

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	42.52	42.27		Date: 4/2/13
2	42.51	84.53		Well Name & #: Wing 10-3
3	42.46	126.74		Township & Range: 28S - 16E
4	42.5	168.99		County/State: Wilson/KS
5	42.54	211.28		AFE#: D13072
6	42.29	253.32		API# 15-205-28131-00-00
7	42.53	295.6		Comments:
8	42.53	337.88		Projected TD- 1225'
9	42.54	380.17		
10	42.5	422.42		Joints are numbered in Yellow
11	42.55	464.72		
12	42.53	507		Subs are in orange
13	42.48	552.23		
14	42.44	591.42		
15	42.5	633.67		
16	42.52	675.94		
17	42.52	718.21		Added these subs for flexibility to adjust to actual TD
18	42.46	760.42		
19	42.52	802.69		
20	42.48	844.92		Trailer# 932900
21	42.53	887.2		
22	42.54	929.49		Actual TD - 1225
23	42.56	971.8		Log Bottom - 1224.70
24	42.52	1014.07		Casing Tally - 1221.35
25	42.54	1056.36		No Baffles
26	42.53	1098.64		Centralizers per SOP
27	42.54	1140.93		
28	42.53	1183.21		
<del>29</del>	<del>42.53</del>	<del>1225.49</del>		
30	14.99	1197.7		
31	9.91	1207.36		
32	10.09	1217.2		
33	4.4	1221.35		
34				
35				
36				
37				
38				
39				
40				

PostRock Energy Corp.