



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: _____



1154951

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 Bbbs.	Gas Mcf	Water Bbbs.	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 LIVING TRUST 10-5
Doc ID	1154951

All Electric Logs Run

DIL
CDL
NDL
TEMP



PostRock
Energy Corporation

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

TICKET NUMBER **8020**
FIELD TICKET REF # _____
FOREMAN Nathan Gahman
AFE D13073
SSI _____
API 15-205-28132-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER			SECTION	TOWNSHIP	RANGE	COUNTY
4-4-13	Wing Living Trust 10-5			10	285	16 E	Wilson
FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	8:00	12:00		905575		4	<i>Nat G</i>
Chris Kincaid				903142	932895		
Greg Blackman				903605	933235		

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 1235 CASING SIZE & WEIGHT 5 1/2, 14#
 CASING DEPTH 1229.42 DRILL PIPE _____ TUBING _____ OTHER Gus Jones rig crew
 SLURRY WEIGHT 13.9 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 0
 DISPLACEMENT 30 DISPLACEMENT PSI 500 MIX PSI _____ RATE 4.0

REMARKS: On location at 8:45. Dozed in and spotted trucks
Ready to run casing at 9:30. Washed in final 40'
Ready to cement at 10:45. See GOWS ticket for cement
job details. 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	
933235	1	Transport Trailer Lowboy Trailer	
931150	1	80 Yec Dozer	
903142	1	Casing Truck	
932895	1	Casing Trailer	
	1229.42	Casing	
	6	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	
		Chemhix-P Thixotropic	
		KOL Seal	
	1 sk	Cotton Seed Hulls	



CONSOLIDATED
Oil Well Services, LLC

APP # D13073
API # 15-205-28130

TICKET NUMBER **41442**

LOCATION Lurcka KS

FOREMAN Shannon Lock

Jamie Moore
Colby Nelson

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
4-4-13		Wing, Living Trust 10-5				Wilson
CUSTOMER <u>Post Rock Energy Corp</u>			Gus			
MAILING ADDRESS <u>4402 Johnson Rd</u>			Jung			
CITY <u>Chanute</u>		STATE <u>KS</u>	ZIP CODE			

TRUCK #	DRIVER	TRUCK #	DRIVER
445	Dave G		
515	marc R + colby n.		
1524 7103	Jim n		
93	Allen G	Meay Trucking	

JOB TYPE <u>UIS</u>	HOLE SIZE <u>7 1/2"</u>	HOLE DEPTH <u>1235'</u>	CASING SIZE & WEIGHT <u>5 1/2" @ 14#</u>
CASING DEPTH <u>1227.42'</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT <u>13.7 #/gal</u>	SLURRY VOL <u>53 Bbl</u>	WATER gal/sk <u>6.02</u>	CEMENT LEFT in CASING <u>0</u>
DISPLACEMENT <u>30.5 Bbl</u>	DISPLACEMENT PSI <u>500</u>	MIX PSI <u>Pump plug @ 1000</u>	RATE <u>Displace @ 4 BPM</u>

REMARKS: Safety Meeting, rig up to 5 1/2" casing, wash down 20' w/ 80 Bbl, mixed 600# gel + fish w/ hulls, 15 Bbl H2O spacer, mixed 200 sk 50/50 portland cement w/ 2% gel, 7% calcium, 3# cat-seal/sk, 5# ket seal/sk, 1# phenoseal/sk @ 1/4% CFL-115 @ 13.7 #/gal. shut down wash out pump & lines. Displace w/ 30.5 Bbl H2O. Final pumping pressure of 500 psi, bumped plug @ 1000 psi, Plug + float held. Good circulation @ all times, 5-6 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	4.00	200.00
1124	200 SKS	50/50 portland cement	10.95	2190.00
1118 B	385 #	Gel @ 2%	.21	80.85
1102	385 #	Calcium @ 2%	3.74	1439.90
1101	600 #	Cat-seal @ 3#/sk	.40	240.00
1110A	1000 #	ket-seal @ 5#/sk	.46	460.00
1107A	200 #	Phenoseal @ 1#/sk	1.29	258.00
1135A	50 #	CFL-115 @ 1/4%	10.55	527.50
5407 A	96 Tons	Ton mileage bulk Truck	1.34	643.20
5501 C	3.5 Hrs	water Transport	112.00	392.00
5502 C	3.5 Hrs	30 Bbl Vac Truck #93 Meay Trucking	90.00	315.00
1123	8500 gal	city water	16.50/1000	140.25
			Sub Total	6761.70
			7.3% SALES TAX	305.24
			ESTIMATED TOTAL	7066.94

Ravin 3737

AUTHORIZATION Nat Ge 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 Living Trust 10-5

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	42.53	42.28		Date: 4/4/13
2	42.53	84.56		Well Name & #: Wing Living Trust 10-5
3	42.56	126.87		Township & Range: 28S - 16E
4	42.54	169.16		County/State: Wilson/KS
5	42.52	211.43		AFE#: D13073
6	42.48	253.66		API# 15-205-28132-00-00
7	42.48	295.89		Comments: Projected TD- 1235'
8	42.52	338.16		
9	42.52	380.43		
10	42.49	422.67		Joints are numbered in Yellow
11	42.49	464.91		Subs are in orange
12	42.49	507.15		
13	42.5	552.4		Added these subs for flexibility to adjust to actual TD
14	42.49	591.64		
15	42.51	633.9		
16	42.49	676.14		
17	42.5	718.39		Trailer# 932895
18	42.52	760.66		
19	42.53	802.94		Actual TD - 1235 Log Bottom - 1215.80 Casing ^{Tally} Trailer - 1229.42 No Baffles Centralizers per SOP
20	42.52	845.21		
21	42.5	887.46		
22	42.5	929.71		Actual TD - 1235 Log Bottom - 1215.80 Casing ^{Tally} Trailer - 1229.42 No Baffles Centralizers per SOP
23	42.26	971.72		
24	42.53	1014		
25	42.5	1056.25		Actual TD - 1235 Log Bottom - 1215.80 Casing ^{Tally} Trailer - 1229.42 No Baffles Centralizers per SOP
26	42.52	1098.52		
27	42.48	1140.75		
28	42.5	1183		Actual TD - 1235 Log Bottom - 1215.80 Casing ^{Tally} Trailer - 1229.42 No Baffles Centralizers per SOP
29	42.52	1225.27		
30	14.94	1239.96		
31	9.39	1249.1		Actual TD - 1235 Log Bottom - 1215.80 Casing ^{Tally} Trailer - 1229.42 No Baffles Centralizers per SOP
32	4.9	1229.42		
33				
34				Actual TD - 1235 Log Bottom - 1215.80 Casing ^{Tally} Trailer - 1229.42 No Baffles Centralizers per SOP
35				
36				
37				Actual TD - 1235 Log Bottom - 1215.80 Casing ^{Tally} Trailer - 1229.42 No Baffles Centralizers per SOP
38				
39				
40				Actual TD - 1235 Log Bottom - 1215.80 Casing ^{Tally} Trailer - 1229.42 No Baffles Centralizers per SOP

PostRock Energy Corp.