



**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
_____ 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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	ESTES REV TRUST 4-3
Doc ID	1154978

All Electric Logs Run

CDL
NDL
DIL
TEMP
CBL





PostRock  
Energy Services

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

TICKET NUMBER **8035**  
FIELD TICKET REF # \_\_\_\_\_  
FOREMAN Nathan Gahmsen  
AFE D13065  
SSI \_\_\_\_\_  
API 15-205-28138-00-00

**TREATMENT REPORT  
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-19-13	Estes, Rev. Trust 4-3	4	29S	16E	Wilson

FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahmsen	11:00	6:30		905575		7.5	Nathan Gahmsen
Chris Kincaid	11:00	5:30		931400	932895	6.5	Chris Kincaid
Bob Lane	11:00	5:00		905330	933015	6	Bob Lane

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 1075 CASING SIZE & WEIGHT 5 1/2, 14#  
 CASING DEPTH 1070.56 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER Gus Jones rig  
 SLURRY WEIGHT 13.9 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT IN CASING 0  
 DISPLACEMENT 26.1 DISPLACEMENT PSI 500 MIX PSI \_\_\_\_\_ RATE 4.0

REMARKS: On location at 11:30. On stand by for logging until pulled water out of pit with 80-Vac. Started running casing at 1:15. Washed in final 70'. Waited for water truck to reload. Ready to cement at 3:00. See COWS ticket for cement job details. No oil show. Will need top off.

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICE OR PRODUCT	TOTAL AMOUNT
905575	1	Foreman Pickup	
		Cement Pump Truck	
		Bulk Truck	
905330	1	Transport Truck Haul Truck	
933015	1	Transport Trailer Equipment Trailer	
930050	1	80Vac Dozer	
931400	1	Casing Truck	
932895	1	Casing Trailer	
		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

AFF # 513065  
APR # 15-305-28135

TICKET NUMBER 41499

LOCATION Eureka KS

FOREMAN Shannon Leck

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-17-13		Estes Rev. Tract 4-3				
CUSTOMER <u>Post Rock Energy Corp</u>			Cus Jones			
MAILING ADDRESS <u>4402 Johnson Rd</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY <u>Chanute</u>			STATE <u>KS</u>	ZIP CODE		
			570	Chris B		
			515	Marco R		
			637	Jim M		
			579 & T102	Bryan P		

JOB TYPE US HOLE SIZE 7 7/8" HOLE DEPTH 1075 CASING SIZE & WEIGHT 5 1/2" @ 14#  
 CASING DEPTH 1070.56 6L DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.7 #/gal SLURRY VOL 51 Bbl WATER gal/sk 600 CEMENT LEFT in CASING 0  
 DISPLACEMENT 26 1/2 DISPLACEMENT PSI 500 MIX PSI Bump plug @ 1000 RATE Displace @ 4 BPM

REMARKS: Safety Meeting, Rig up to 5 1/2" casing. Wash down 60' w/ 80 Bbl, mix 500# gal flush w/ bulls, 15 Bbl H2O spacer. Mixed 170 sks 50/50 premix cement w/ 2% gel, 2% calcium, 3# cal seal/sk, 5# ket seal/sk, 1# pheno seal/sk & 1/4% CIL-115 @ 13.7 #/gal. Shut-down wash cut pump 4 hrs, displace w/ 21.5 Bbl H2O, final pumping pressure at 500 psi, bumped plug @ 1000 psi. Plug & float held, good circulation @ all times. 7 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	0	MILEAGE n/c on Location	n/c	n/c
1124	170 sks	50/50 premix cement	10.95	2080.50
1118 B	320 #	2% gel	.21	67.20
1102	320 #	2% calcium	.74	236.80
1101	570 #	3# cal seal/sk	.40	228.00
1110A	950 #	5# ket seal/sk	.46	437.00
1107 A	170 #	1# pheno seal/sk	1.29	245.10
1135 A	40 #	1/4% CIL-115	10.55	422.00
5407A	9' Tons	Ton mileage bulk Truck (x 50 miles)	1.34	611.04
5502C	5 hrs	80 Bbl Vol Truck	90.00	450.00
1123	3000 gal	city water	16.50/1000	49.50
5501C	5 Hrs	Water Transport	112.00	560.00
1123	5000 gal	city water	16.50/1000	82.50
		Sub Total		6499.64
		SALES TAX	6.3%	242.46
		ESTIMATED TOTAL		6742.10

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 4-3

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	42.47	42.22		Date: 4/19/13
2	42.5	84.47		Well Name & #: Estes Rev Trust 4-3
3	42.51	126.73		Township & Range: 29S-16E
4	42.49	168.97		County/State: Wilson/KS
5	42.47	211.19		AFE#: D13065
6	42.48	253.42		API# 15-205-28138-00-00
7	42.49	295.66		Comments:
8	42.48	337.89		Projected TD- 1075'
9	42.47	380.11		
10	42.48	422.34		Joints are numbered in White
11	42.52	464.61		
12	42.52	506.88		Subs are in orange
13	42.49	552.12		
14	42.48	591.35		
15	42.43	633.53		
16	42.43	675.71		
17	42.52	717.98		Added these subs for
18	42.51	760.24		flexibility to adjust to actual TD
19	42.46	802.45		
20	42.47	844.67		Trailer# 932895
21	42.51	886.93		
22	42.55	929.23		Actual TD - 1075
23	42.5	971.48		Log Bottom - 1045
24	42.47	1013.7		Casing Tally - 1070.56
25	42.48	1055.93		No Baffles
26	14.88	1070.56		Centralizers per SOP
27	5.02	1075.33		
28	10.23	1085.31		
29				
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PostRock Energy Corp.