



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
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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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	OLSON, RUBY A 2-19
Doc ID	1156883

All Electric Logs Run

CBL
DIL
CDL
NDL





PostRock  
Energy Corporation

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

TICKET NUMBER **8048**  
FIELD TICKET REF # \_\_\_\_\_  
FOREMAN Nathan Bahman  
AFE D13088  
SSI \_\_\_\_\_  
API 15-205-28147-00-00

**TREATMENT REPORT  
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
5-1-13	Olson, Ruby A. 2-19		2	28S	16E	Wilson	
FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Bahman	6:00	11:00		905575		5	<i>Nathan Bahman</i>
Chris Kingrid	6:30	1		903142	932900	4.5	<i>Chris Kingrid</i>
Greg Blackmore	6:30	1		903605	933235	4.5	<i>Greg Blackmore</i>

JOB TYPE Long string HOLE SIZE 7 7/8 HOLE DEPTH 1220 CASING SIZE & WEIGHT 5 1/2, 14#  
 CASING DEPTH 1215.42 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER GUS Jones rig  
 SLURRY WEIGHT 13.9 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT IN CASING 0  
 DISPLACEMENT 29.7 DISPLACEMENT PSI 500 MIX PSI \_\_\_\_\_ RATE 4.0

REMARKS: On location at 7:45. Smoothed out ruts with dozer on pad before spotting trucks. Started running casing at 8:30. Washed in final 25'. See COWS ticket for cement job details.

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	Transport Trailer Equipment Trailer	
931610	1	<del>80 Yd</del> Dozer	
903142	1	Casing Truck	
932900	1	Casing Trailer	
	1215.42'	Casing	
		Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	—	Frac Baffles	
		Portland Cement	
		CSA-122 Sodium Silicate	
		CGL-115 Cement Fluid Loss	
	65'ks	Premium Gel	
		Cal Chloride	
		City Water	
		Chemthix-P Thixotropic	
		KOL Seal	
	1 sk	Cotton Seed Hulls	





**CONSOLIDATED**  
Oil Well Services, LLC

ALF 013088  
ART 15-205-2814-7

TICKET NUMBER 41508  
LOCATION Lyons, KS  
FOREMAN Shannon Feck  
Ryan James Mead

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

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-1-13	6628	Olson, Ruby A. 2-19				Wilson
CUSTOMER Post Rock Energy Corp			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 4402 Johnson Rd			520 John S			
CITY Chanute STATE KS ZIP CODE			611 Tony K			
			452-17403 Jimmy			
			88 Rudy m McCoy Trucking			

JOB TYPE L/S HOLE SIZE 7 1/2" HOLE DEPTH 1220' CASING SIZE & WEIGHT 5 1/2" @ 7.1 #  
 CASING DEPTH 1215 476L DRILL PIPE --- TUBING --- OTHER ---  
 SLURRY WEIGHT 13.9 # SLURRY VOL 54 Bbl WATER gal/sk 600 CEMENT LEFT in CASING ✓  
 DISPLACEMENT 29.8 Bbl DISPLACEMENT PSI 500 MIX PSI Bump Plug @ 1000 RATE Displace @ 4 BPM

REMARKS: Safety meeting, Rig up to 5 1/2" casing, wash down 20' w/ 60 Bbl 1170, mixed 600 # gel flush w/ hulls, 15 Bbl 1170 spacer, mixed 200 sks 50/50 portmix cement w/ 2% gel, 2% calcium, 3 # cal-seal/sk, 5 # kal-seal/sk 1 # phenoseal/sk + 1/4% CFL-115 @ 13.9 #/gal, shut down wash out pump + lines, Displace w/ 29.5 Bbl 1170. Final pumping pressure of 500 psi, bump plug @ 1000 psi, Plug + float hold, Good circulation @ all times. 4-5 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	1085.00	1085.00
5406	50	MILEAGE # 1 of 2 wells	4.20	210.00
1174	200 SKS	50/50 portmix cement	11.50	2300.00
1118B	355 #	601 @ 2%	.22	84.70
1102	355 #	Calcium @ 2%	.78	300.30
1101	600 #	Cal-seal @ 3 #/sk	.42	252.00
1110A	1000 #	kal-seal @ 5 #/sk	.46	460.00
1107A	200 #	phenoseal @ 1 #/sk	1.35	270.00
1135A	50 #	CFL-115 @ 1/4%	11.08	554.00
5407A	9.6 Tons	Ton mileage bulk Truck	1.41	676.80
5502C	2.5 Hrs	500 Pbl Jar Truck #88 McCoy Trucking	90.00	225.00
5501C	2.5 Hrs	Water Transport	120.00	300.00
1123	9,000 gal	city water	17.30/1000	138.40
			Sub Total	6856.20
			6.3% SALES TAX	274.64
			ESTIMATED TOTAL	7130.84

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.

# GUS JONES, LLC

Cable Tool Service  
149 RD 25 • Elk City, KS 67344  
(620) 642-6315

## JOB SHEET

AFE # D13088

Date	Start Time	Finish Time	Total Time
			6 Hr

Orderd by : New well wil. co.

Lease : OLSON

Company : Post Rock

Well # : 2-1a

Type of Job or Rig : Rig 3

Job Description : Rig up Run 5 1/2 Inch casing Recip. while  
cementing Land clamp Rig down

*No*

Fishing Tool or Packer Rental Charges \$ \_\_\_\_\_

Power Tong Charge \$ 50 (Per Trip In or Out) Number of trips \_\_\_\_\_

Parts Used : Supplied By G.J.  Economy  Other \_\_\_\_\_

Valve Cups \_\_\_\_\_

Working Barrels \_\_\_\_\_

Ball & Seats \_\_\_\_\_

Swab Cups \_\_\_\_\_

Seating Cups \_\_\_\_\_

Other \_\_\_\_\_

Discription of Other : \_\_\_\_\_



# Olson, Ruby A. 2-19

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	42.48	42.23		Date: 5/1/13
2	42.47	84.45		Well Name & #: Olson 2-19
3	42.49	126.69		Township & Range: 28S-16E
4	42.51	168.95		County/State: Wilson/KS
5	42.54	211.24		AFE#: D13088
6	42.45	253.44		API# 15-205-28147-00-00
7	42.45	295.64		Comments:
8	42.52	337.91		Projected TD- 1220'
9	42.53	380.19		
10	42.55	422.49		Joints are numbered in Yellow
11	42.55	464.79		
12	42.56	507.1		Subs are in orange
13	42.54	552.39		
14	42.54	591.68		
15	42.53	633.96		
16	42.5	676.21		
17	42.49	718.45		Added these subs for
18	42.56	760.76		flexibility to adjust to actual TD
19	42.54	803.05		
20	42.52	845.32		Trailer# 932900
21	41.96	887.03		
22	42.2	928.98		Actual TD - 1220
23	42.54	971.27		Log Bottom - 1211.30
24	41.87	1012.89		Casing Tally - 1215.47
25	42.29	1054.93		No Baffles
26	42.53	1097.21		Centralizers per SOP
27	42.48	1139.44		
28	42.05	1181.24		
29	42.5	1223.49		
30	14.96	1195.7		
31	10.07	1205.52		
32	10.2	1215.47		
33	5.34	1220.56		
34				
35				
36				
37				
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39				
40				

PostRock Energy Corp.