



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1154973
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

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
- Plug Back Conv. to GSW Conv. to Producer
- 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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1154973

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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 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				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	GRADY, JAMES A 5-15
Doc ID	1154973

All Electric Logs Run

CBL
DIL
CDL
NDL
TEMP

Air Drilling Specialist
Oil & Gas Wells

THORNTON AIR ROTARY, LLC
Office Phone: 620-879-2073

PO Box 449
Caney, KS 67333

Date Started	4/16/2013
Date Completed	4/18/2013

Operator	A.P.I #	County	State
Post Rock Energy	15-205-28121-00-00	Wilson	Kansas

Well No.	Lease	Sec.	Twp.	Rge.
5-15	Grady, James A	5	28	17

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
Oil	Brantley Thornton	5	22' 8 5/8	1107	7 7/8

Formation Record

0-3	MUD				
3-18	LIME				
18-22	SAND				
22-95	SANDY LIME				
95-155	LIME				
155-215	SANDY SHALE				
180	WENT TO WATER				
215-276	LIME				
276-295	SAND				
295-320	SHALE				
320-630	SANDY SHALE				
630-631	COAL				
631-636	SANDY LIME				
636-667	LIME (PAWNEE)				
667-689	SHALE				
689-706	LIME				
706-712	BLK SHALE (SUMMIT)				
712-718	LIME				
718-724	BLK SHALE				
724-740	SAND				
740-800	SANDY SHALE				
800-880	SHALE				
880-881	COAL				
881-960	SANDY SHALE				
960-1010	SAND / GOOD ODOR & SHOW				
1010-1045	SAND / DECENT ODOR & SHOW				
1045-1075	SAND / SOFT H2O SAND				
1075-1076	COAL				
1076-1107	SHALE				
1107	TD				



PostRock
Energy Services

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

TICKET NUMBER **8034**
FIELD TICKET REF # _____
FOREMAN Nathan Gabman
AFE D130507
SSI _____
API 15-205-28121-00-00

TREATMENT REPORT
& FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
4-19-13	Grady, James 5-15		5	28S	17E	Wilson	
FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gabman	6:00	11:00		905525		5	<i>Nathan Gabman</i>
Chris Kincaid	6:30	11:00		963142	932900	4.5	<i>Chris Kincaid</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 1107 CASING SIZE & WEIGHT 5 1/2, 14#
 CASING DEPTH 1102' DRILL PIPE _____ TUBING _____ OTHER Gus Jones rig
 SLURRY WEIGHT 13.9 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 0
 DISPLACEMENT 24.4 DISPLACEMENT PSI 500 MIX PSI _____ RATE 4.0

REMARKS: On location at 7:45. Ready to run casing at 8:15,
Washed in final 20' Ready to cement at 9:30. See
COWS ticket for cement job details. Good oil show
May need topoff.

Drained pit with 80-Vac

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICE OR PRODUCT	TOTAL AMOUNT
905525	1	Foreman Pickup	
		Cement Pump Truck	
		Bulk Truck	
		Transport Truck	
		Transport Trailer	
		80 Vac	
903142	1	Casing Truck	
932900	1	Casing Trailer	
	1102'	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

AFE D13057
AP# 15 205-28121

TICKET NUMBER 41498
LOCATION Lurika KS
FOREMAN Shannon Tuck

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
4-19-13		Grady, Jones 5-15				
CUSTOMER Kost Ruck Energy Corp			Gus Jones			
MAILING ADDRESS 4402 Johnson Rd			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Chanute			STATE KS	ZIP CODE		
			41498520	Chris B	Letchford	Merle R
			429	Colby N		
			637	Jim M		
					Thayer Transport	

JOB TYPE 1/S 0 HOLE SIZE 7 7/8" HOLE DEPTH 1107' CASING SIZE & WEIGHT 5 1/2" @ 14"
 CASING DEPTH 1102' 6L DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.9 #/gal SLURRY VOL 50 Bbl WATER gal/sk 612 CEMENT LEFT in CASING 4
 DISPLACEMENT 27 1/4 Bbl DISPLACEMENT PSI 500 MIX PSI 2000 plug @ 1000 RATE Displace @ 4 BPM

REMARKS: Safety meetings, Rig up to 5 1/2" casing, wash down 15' w/ 70 Bbl, mix 500# gal flush w/ bulk, 75 Bbl H2O spacer. Mixed 190SKS 50/50 portland cement with 2% gel, 2% calcium, 3# cal-seal/sk, 5# ket-seal/sk, 1# pheno-seal/sk & 1/4% CFL-115 @ 13.9 #/gal. Shut down wash out pump & lines, displace w/ 27 1/4 Bbl H2O. Final pumping pressure of 500psi, bumpet plug to 1000 psi, plug & float held. Good circulation @ all times, 8 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	170 SKS	50/50 portland cement	10.95	2080.50
118B	320 #	2% Gel	.21	67.20
1102	370 #	2% calcium	.74	236.80
1101	570 #	3# cal-seal/sk	.40	228.00
1110A	950 #	5# ket-seal/sk	.46	437.00
1107A	190 #	1# pheno-seal/sk	1.29	215.10
1135A	40 #	1/4% CFL-115	10.55	422.00
5407A	9' tons	Ton cartage bulk Truck	1.34	611.04
5502C	5 hrs	80 Bbl Vac Truck	90.00	450.00
1173	3000 gal	city water	16.50/1000	49.50
5501C	5 hrs	water transport # Thayer Transport	112.00	560.00
1173	5000 gal	city water	16.50/1000	82.50
		Sub Total		6699.64
		6.3% SALES TAX		242.46
		ESTIMATED TOTAL		6942.10

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.

Grady, James 5-15

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	42.43	42.18		Date: 4/19/13
2	42.48	84.41		Well Name & #: Grady, James 5-15
3	42.48	126.64		Township & Range: 28S-17E
4	42.19	168.58		County/State: Wilson/KS
5	42.48	210.81		AFE#: D13057
6	42.49	253.05		API# 15-205-28121-00-00
7	42.49	295.29		Comments: Projected TD- 1100'
8	42.49	337.53		
9	42.45	379.73		
10	42.49	421.97		Joints are numbered in White
11	42.4	464.12		Subs are in orange
12	42.47	506.34		
13	42.47	551.56		
14	42.5	590.81		
15	42.53	633.09		
16	42.51	675.35		
17	42.47	717.57		
18	42.53	759.85		
19	42.46	802.06		
20	41.94	843.75		
21	42.48	885.98		Trailer# 932900
22	42.47	928.2		Actual TD - 1107
23	42.5	970.45		Log Bottom - 1100
24	42.48	1012.68		Casing Tally - 1101.36
25	42.51	1054.94		No Baffles
26	42.48	1097.17		Centralizer per SOP
27	14.9	1111.82		
28	9.96	1121.53		
29	4.94	1101.36		
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				

PostRock Energy Corp.

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

August 12, 2013

CLARK EDWARDS
PostRock Midcontinent Production LLC
Oklahoma Tower
210 Park Ave, Ste 2750
OKLAHOMA CITY, OK 73102

Re: ACO1
API 15-205-28121-00-00
GRADY, JAMES A 5-15
NW/4 Sec.05-28S-17E
Wilson County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
CLARK EDWARDS