



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1154979
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: _____



1154979

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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PostRock
Energy Corporation

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

TICKET NUMBER

8036

FIELD TICKET REF #

FOREMAN Nathan Bohman

AFE D13080

SSI

API 15-205-28140-00-00

TREATMENT REPORT
& FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
4-22-13	Olson, Ruby A. 2-11		2	28S	16E	Wilson	
FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Bohman	6:00	12:00		905525		6	<i>Nathan Bohman</i>
Chris Kincaid	6:30			903142	932900	5.5	<i>Chris Kincaid</i>
Greg Blackburne	6:30			903605	933235	5.5	<i>Greg Blackburne</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 1220 CASING SIZE & WEIGHT 5 1/2, 14 #
 CASING DEPTH 1215.73 DRILL PIPE _____ TUBING _____ OTHER Bus 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 8:00. Ready to run casing at 8:30
washed in final 80', waited on water trucks to reload
before starting cement job, due to amount used to wash
in casing. Ready to cement at 10:30. See COWS ticket
for cement job details. Trace oil show. May need
top off.
Dug pit bigger with dozer

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICE OR PRODUCT	TOTAL AMOUNT
905525	1	Foreman Pickup	
		Cement Pump Truck	
		Bulk Truck	
903605	1	Transport Truck <u>Haul Truck</u>	
933235	1	Transport Trailer <u>Equipment trailer</u>	
981150	1	80 <u>Yes</u> <u>Dozer</u>	
903142	1	Casing Truck	
932900	1	Casing Trailer	
	<u>1215.73</u>	Casing	
	<u>6</u>	Centralizers	
	<u>1</u>	Floot Shoe	
	<u>1</u>	Wiper Plug	
	<u>—</u>	Frac Baffles	
		Portland Cement	
		CSA-122 Sodium Silicate	
		CGL-115 Cement Fluid Loss	
	<u>6 sks</u>	Premium Gel	
		Cal Chloride	
		City Water	
		Chemhix-P Thixotropic	
	<u>1 sk</u>	KOL Seal	
		Cotton Seed Hulls	



CONSOLIDATED
Oil Well Services, LLC

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

AFE # 013080
API # 15.205.28146

**FIELD TICKET & TREATMENT REPORT
CEMENT**

TICKET NUMBER 41512

LOCATION Euervo

FOREMAN Rory Ledford

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-22-13		Olsen Ruby A 2-11		28's	16c	Wilson
CUSTOMER <u>Post Rock Energy Co</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>4402 Johnson Rd</u>			520 John			
CITY <u>Chanute</u>			611 Joey			
STATE <u>KS</u>			83 Alan Greenwood (M/Log Dr.)			
ZIP CODE						

JOB TYPE 1 1/2 0 HOLE SIZE 7 7/8" HOLE DEPTH 1220' CASING SIZE & WEIGHT 5 1/2" 14"
 CASING DEPTH 1215 73 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 139* SLURRY VOL 52 Bbl WATER gal/sk 6.0* CEMENT LEFT in CASING 0'
 DISPLACEMENT 29.6 DISPLACEMENT PSI 500 MIX PSI 1000 Bump plug RATE 4 BPM

REMARKS: Safety meeting. Rig up to 5 1/2" casing w/ washhead 410' down 85' to PBTD Pump
600* gal flush w/ bull's 10 Bbl water spacer, 15 Bbl dry water. Arrived 200 sus 50/50 Primix
cement w/ 270 gal 270 cacl2, 3" cat-sol, 5" Kat-sol/ks, 1" phenasol/ks + 140* GEL-115 @ 13.5"/gal
washstart pump + hoses, release plug. Displace w/ 29.6 Bbl water. Final pump pressure 500 PSI. Bump plug
to 1000 PSI release pressure, float + plug held. Good cement returns to surface & 6 Bbl slurry to
get. Job complete. Rig down.

Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5461	1	PUMP CHARGE	1085.00	1085.00
5466	5.0	MILEAGE <u>1 1/2 well of 2</u>	4.20	210.00
1124	200 sus	50/50 Primix cement	11.50	2300.00
1118B	385*	270 gal	.22	84.70
1102	385"	270 cacl2	.78	300.30
1101	600*	3" cat-sol/ks	.42	252.00
1110A	100*	5" Kat-sol/ks	.46	46.00
1107A	200"	1" phenasol/ks	1.35	270.00
1135A	50*	140* GEL-115	11.08	554.00
5467A	9.6	ton mileage bulk toll	1.41	676.80
5502C	4 hrs	80 Bbl WAC TOL	90.00	360.00
1123	6500 gals	city water	17.30/1000	112.45
			Subtotal	6665.25
			SALES TAX <u>7.39%</u>	316.34
			ESTIMATED TOTAL	6981.59

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.

Olson, Ruby A. 2-11

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	38.21	37.96		Date: 4/22/13
2	40.72	78.43		Well Name & #: Olson, Ruby 2-11
3	41.32	119.5		Township & Range: 28S-16E
4	39.51	158.76		County/State: Wilson/KS
5	39.92	198.43		AFE#: D13080
6	39.51	237.69		API# 15-205-28140-00-00
7	38.67	276.11		Comments: Projected TD- 1220'
8	39.51	315.37		
9	39.51	354.63		Joints are numbered in Yellow
10	39.55	393.93		
11	38.91	432.59		Subs are in orange
12	39.52	471.86		
13	39.3	513.91		Added these subs for flexibility to adjust to actual TD
14	39.54	550.2		
15	40.03	589.98		Trailer# 932900
16	39.55	629.28		
17	39.53	668.56		Actual TD - 1220 Log Bottom - 1190.15 Casing Tally - 1215.73 No Baffles Centralizers per SOP
18	40.77	709.08		
19	41.21	750.04		
20	39.53	789.32		
21	39.55	828.62		
22	39.5	867.87		
23	39.52	907.14		
24	39.51	946.4		
25	39.53	985.68		
26	39.51	1024.94		
27	39.55	1064.24		
28	39.47	1103.46		
29	39.52	1142.73		
30	39.51	1181.99		
31	39.53	1221.27		
32	14.98	1196.47		
33	14.95	1211.17		
34	9.98	1220.9		
35	5.06	1215.73		
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 15-205-28140-00-00
OLSON, RUBY A 2-11
SW/4 Sec.02-28S-16E
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