



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1154984
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: _____



1154984

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	OLSON, RUBY A 2-12
Doc ID	1154984

All Electric Logs Run

CDL
NDL
DIL
CBL
TEMP

AFE # D13081

McPherson Drilling LLC

Drillers Log

McPherson Drilling LLC

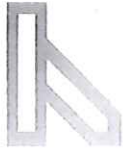
Rig Number: 2	S. 2 T. 28 R. 16 E
API No. 15-205-28141	County: Wilson
Elev. 1656'	Location: SE-NW-SW-SE

Gas Tests:	
980'	0
980'	0
1080'	0

Operator: Post Rock midcontinent Production	
Address: Oklahoma Tower 216 Park Ave Ste 2750	
Well No: 2-12	Lease Name: Wilson Ruby
Footage Location: 915 ft from the (N) (S) Line	2130 ft from the (E) (W) Line
Drilling Contractor: McPherson Drilling LLC	
Spud date: 4/19/13	Geologist:
Date Completed: 4/22/13	Total Depth: 1220'

Casing Record		Rig Time:
Size Hole:	Surface: 11" Production: 7 7/8"	
Size Casing:	8 5/8"	
Weight:	23#	
Setting Depth:	23'	Post Rock
Type Cement:	PCP	" "
Sacks:	5	

Top Under @ 230'			Well Log					
Formation	Top	Btm.	Formation	Top	Btm.	Formation	Top	Btm.
Top Sand	0	2	sand/shale	730	760	band/shale	1074	1082
lime	2	23	lime	760	787	sand	1082	1094
shale	23	129	shale	787	807	oil sand	1094	1132
lime	129	150	coal	807	809	sand/shale	1132	1197
shale	150	196	shale	809	820	shale	1197	1220
lime	196	247	orange lime	820	841			
shale	247	250	gypsum	841	847			
sand	250	262	lime	847	862			
shale	262	354	mulm	862	869			
lime	354	400	lime	869	874			
shale	400	408	band/shale	874	887			
lime	408	431	sand/shale	887	900			
shale	431	438	shale	900	970			
lime	438	482	coal	970	971			
shale	482	501	shale	971	978			
lime	501	559	sand	978	982			
shale	559	587	band/shale	982	1002			
oil band	587	591	coal	1002	1003			
band/shale	591	657	shale	1003	1029			
lime	657	671	coal	1029	1030			
shale	671	698	lime	1030	1032			
sand/shale	698	705	sand	1032	1037			
shale	705	717	band/shale	1037	1073			
sand	717	730	coal	1073	1074			



PostRock
Energy Corporation

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

TICKET NUMBER **8042**
FIELD TICKET REF # _____
FOREMAN Nathan Gehman
AFE D13081
SSI _____
API 15-205-28141-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER			SECTION	TOWNSHIP	RANGE	COUNTY
4-25-13	Olson, Ruby A. 2-12			2	28S	16 E	Wilson
FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gehman	1:30	4:30		905525		3	<i>Nathan Gehman</i>
Chris Kincaid			931400	931400	932895	3	<i>Chris Kincaid</i>
Greg Blackmore				903605	933235	3	<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 1212.88 DRILL PIPE _____ TUBING _____ OTHER Gus Jones rig
 SLURRY WEIGHT 13.9 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 0
 DISPLACEMENT 29.6 DISPLACEMENT PSI 600 MIX PSI _____ RATE 4.0

REMARKS: On location at 1:30 spotted trucks with dozer. Ready to run casing at 2:00. Washed in final 70'. See COWS ticket for cement job details. Trace oil show. May need top off

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 Haul Truck	
933235	1	Transport Trailer Equipment Trailer	
931610	1	80-Tec Dozer	
931400	1	Casing Truck	
932895	1	Casing Trailer	
	1212.88	Casing	
	6	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	
		Chemhix-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

ATE # D13681
API # 15-205-28141

TICKET NUMBER 41518

LOCATION Eureka

FOREMAN Roy Letford

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-25-13		Olson Ruby A 2-12		28S	11E	Wilson
CUSTOMER Post Rock Energy Corp			Gus Jones			
MAILING ADDRESS 4402 Johnson Rd			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Chanute			520	John		
STATE KS			515	Merle		
ZIP CODE			88	Rudy Miller (NYC/Texas)		

JOB TYPE 1/5 0 HOLE SIZE 7 7/8" HOLE DEPTH 1220' CASING SIZE & WEIGHT 5 1/2" 14"
 CASING DEPTH 1212 88 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.9" SLURRY VOL 52 Bbl WATER gal/sk 6.0" CEMENT LEFT in CASING 0'
 DISPLACEMENT 29.6 Bbl DISPLACEMENT PSI low MIX PSI 1100 Bump ups RATE 4 Bpm

REMARKS: Safety meeting. Rig up to 5 1/2" casing w/ washhead. Washdown to PB70 Pump
 500 gal flush w/ bull's. 15 Bbl water spool. Mixed 200 lbs 50/50 Permox cement w/ 2% gel
 2% cacl2, 3" col-seal, 5" Kol-seal/3", 1" phensol/3" + 1/4% GEL-115 @ 13.9" / gal. Washout pump + hoses
 release plug. Displace w/ 29.6 Bbl fresh water. Final pump pressure was 155. Bump plug to 1100 PSI.
 release pressure. float + plug held. Good cement returns to surface = 5 Bbl slurry to pit. Job complete. Rig
 down.

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	0	MILEAGE 3rd well of 4	n/c	n/c
1124	200 srs	50/50 Permox cement	11.50	2300.00
1112B	385"	2% gel	.22	84.70
1162	385"	2% cacl2	.28	300.30
1161	1600"	3" col-seal/3"	.42	252.00
1116A	1080"	5" Kol-seal/3"	.46	460.00
1162A	200"	1" phensol/3"	1.35	270.00
1135A	50"	1/4% GEL-115	11.08	554.00
5407A	9.6	tax mileage bulk tax	1.41	676.80
5502C	3 1/2 ks	80 Bbl uac 101	90.00	315.00
1123	9000 gals	city water	17.30/1000	155.70
			subtotal	6453.50
			SALES TAX 7.3%	519.50
			ESTIMATED TOTAL	6773.00

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. 2-12

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	38.86	38.61		Date: 4/24/13
2	39.55	77.91		Well Name & #: Olson, Ruby 2-12
3	38.5	116.16		Township & Range: 28S-16E
4	39.76	155.67		County/State: KS
5	38.97	194.39		AFE#: D13081
6	42.54	236.68		API# 15-205-28141-00-00
7	42.49	278.92		Comments: Projected TD- 1220'
8	42.5	321.17		
9	42.5	363.42		Joints are numbered in Yellow
10	42.5	405.67		
11	42.47	447.89		Subs are in orange
12	42.44	490.08		
13	42.47	535.3		Added these subs for flexibility to adjust to actual TD
14	42.54	574.59		
15	42.5	616.84		Trailer# 932895
16	42.46	659.05		
17	42.5	701.3		Actual TD - 1220 Log Bottom - 1186.40 Casing Tally - 1212.88 No Baffles Centralizers per SOP
18	42.49	743.54		
19	42.48	785.77		
20	42.53	828.05		
21	42.54	870.34		
22	42.52	912.61		
23	42.49	954.85		
24	42.47	997.07		
25	42.52	1039.34		
26	42.52	1081.61		
27	42.53	1123.89		
28	42.52	1166.16		
29	42.51	1208.42		
30	14.93	1223.1		
31	9.39	1232.24		
32	5.21	1212.88		
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 15-205-28141-00-00
OLSON, RUBY A 2-12
SE/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