



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1156090
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: _____



1156090

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> _____ <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 2-18
Doc ID	1156090

All Electric Logs Run

CBL
CDL
DIL
NDL



PostRock
Energy Corporation

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

TICKET NUMBER **8047**
FIELD TICKET REF # _____
FOREMAN Nathan Gahman
AFE D13087
SSI _____
API 15-205-28146-00-00

TREATMENT REPORT
& FIELD TICKET CEMENT

DATE	WELL NAME & NUMBER			SECTION	TOWNSHIP	RANGE	COUNTY
4-30-13	Olson, Ruby A. 2-18			2	285	16 E	Wilson
FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	11:30	4:00		905575		4.5	<i>Nathan Gahman</i>
Chris Kincaid	1	3:00		931400	932895	3.5	<i>Chris Kincaid</i>
Greg Blackmore	1	2:30		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 1210.82 DRILL PIPE _____ TUBING _____ OTHER Bus Jones rig
SLURRY WEIGHT 13.9 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 0
DISPLACEMENT 29.5' DISPLACEMENT PSI 500 MIX PSI _____ RATE 4.0

REMARKS: On location at 11:30. Ready to run casing at 11:45.
Washed in final 20', Ready to cement at 1:00. See
COWS ticket for cement job details. Very good
oil show. May need top off.
Smoothed out ruts in pad with dozer.
Spotted trucks with dozer before running casing

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICE OR PRODUCT	TOTAL AMOUNT
905575	1	Foreman Pickup	
		Cement Pump Truck	
		Bulk Truck	
903605	1	Transport Truck <u>Haul Truck</u>	
933235	1	Transport Trailer <u>Equipment Trailer</u>	
931610	1	80 Vee <u>Dozer</u>	
931400	1	Casing Truck	
932895	1	Casing Trailer	
	1210.82	Casing	
	6	Centralizers	
	1	Float Shoe	
	1	Wiper Plug	
	—	Frac Baffles	
		Portland Cement	
		CSA-122 Sodium Silicate	
		CGL-115 Cement Fluid Loss	
	6 sks	Premium Gel	
		Cal Chloride	
		City Water	
		Chemthix-P Thixotropic	
		KOL Seal	
	1 sk	Cotton Seed Hulls	



CONSOLIDATED
Oil Well Services, LLC

APP # D13087
APP # 13-05-23-16

TICKET NUMBER 41506
LOCATION Loc 15
FOREMAN Sharon Fick

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
4-30-13	LL88	Olson, Robt A 2-18				Wilson
CUSTOMER Fast Rock Energy Corp 605 Jones			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 4402 Johnson Rd			526	John S		
CITY Chanute			667	Chris B		
STATE KS			45217103	Jim m		
ZIP CODE			55	Ludy m	McCoy Trucking	

JOB TYPE L/S HOLE SIZE 7 7/8" HOLE DEPTH 1220 CASING SIZE & WEIGHT 5 1/2" @ 14"
 CASING DEPTH 110.80 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.9 # SLURRY VOL 54 Bbl WATER gal/sk 600 CEMENT LEFT in CASING 0
 DISPLACEMENT 30.2 Bbl DISPLACEMENT PSI 500 MIX PSI 2000 RATE Displace @ 4 BFM

REMARKS: Safety meeting, Rig up to 5 1/2" casing. Wash down 1" w/ 50 Bbl H2O, mixed 600# gal flush w/ h2o, 15 Bbl H2O spacer. Mixed 200 STS 50/50 portmix cement w/ 2% gel, 2% calcium, 3# cal seal/sk, 5# hot seal/sk, 1# phoriseal/sk, 1 1/4% CFL-115 @ 13.9 #/gal. Shot down wash out pump & hose, displace w/ 30.2 Bbl H2O. Final pumping pressure of 500 psi, lumped plug @ 1000 psi. Float & plug held. Good circulation @ all times. 4 Bbl Slurry to pit. Job complete.

"Thanks Sharon & crew"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	d	MILEAGE #2 of 2 wells ^{no} location	N/C	N/C
1124	200 STS	50/50 portmix cement	11.50	2300.00
119B	385 #	Gel @ 2%	.22	84.70
1102	385 #	Calcium @ 2%	.78	300.30
1101	600 #	cal seal @ 3#/sk	.42	252.00
110A	1000 #	hot seal @ 5#/sk	.46	460.00
1107A	200 #	Phoriseal @ 1#/sk	1.35	270.00
1135A	50 #	CFL-115 @ 1 1/4%	11.08	554.00
5407A	46 tons	Two mileage Lull Truck (< 50 miles)	1.41	676.80
5502C	3 HRS	80 Bbl Vac Truck + 88 McCoy Trucking	90.00	270.00
5501C	3 HRS	Water Transport	120.00	360.00
			Sub-Total	6612.80
		7.3%	SALES TAX	308.13
			ESTIMATED TOTAL	6920.93

Ravin 3737

AUTHORIZATION Nick 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#D13087

Date <u>4-30-13</u>	Start Time	Finish Time	Total Time <u>6 HR</u>
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Orderd by : Newell Wil. Co. Lease : Olson

Company : PostRock Well # : 2-18

Type of Job or Rig : Rig 3

Job Description : Rig up ~~rig down~~ Run in 5 1/2 inch

Recip. white concrete Lead clamp Rig down

Newell

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. 2-18

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	40.19	39.94		Date: 4/30/13
2	42.37	82.06		Well Name & #: Olson 2-18
3	42.4	124.21		Township & Range: 28S-16E
4	42.42	166.38		County/State: Wilson/KS
5	42.42	208.55		AFE#: D13087
6	42.4	250.7		API# 15-205-28146-00-00
7	42.41	292.86		Comments: Projected TD- 1220'
8	42.42	335.03		
9	42.43	377.21		
10	42.41	419.37		Joints are numbered in White
11	42.32	461.44		
12	42.38	503.57		Subs are in orange
13	42.33	548.65		
14	42.3	587.7		
15	42.31	629.76		
16	42.38	671.89		
17	42.34	713.98		Added these subs for
18	42.39	756.12		flexibility to adjust to actual TD
19	42.36	798.23		
20	42.32	840.3		Trailer# 932895
21	42.32	882.37		
22	42.37	924.49		Actual TD - 1220
23	42.31	966.55		Log Bottom - 1214.70
24	42.31	1008.61		Casing Tally - 1210.82
25	42.39	1050.75		No Baffles
26	42.31	1092.81		Centralizers per SOP
27	42.31	1134.87		
28	42.36	1176.98		
29	42.35	1219.08		
30	14.93	1191.41		
31	9.39	1200.55		
32	5.48	1205.78		
33	5.32	1210.82		From Olson 2-17
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 22, 2013

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

Re: ACO1
API 15-205-28146-00-00
OLSON, RUBY A 2-18
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