



**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

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: \_\_\_\_\_



1157025

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	GROSDIDIER, FRANCIS E 14-1
Doc ID	1157025

All Electric Logs Run

CBL
DIL
CDL
NDL





**PostRock**  
Energy Corporation

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

TICKET NUMBER **8051**  
FIELD TICKET REF # \_\_\_\_\_  
FOREMAN Nathan Gehman  
AFE D13090  
SSI \_\_\_\_\_  
API 15-133-27655-00-00

**TREATMENT REPORT  
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
5-3-13	Grosslidier, Francis E. 14-1		14	28S	20E	Neosho	
FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gehman	6:00	11:00		905575		5	<i>Nathan Gehman</i>
Chris Kincaid	6:30	11:00		931400	932895	4.5	<i>Chris Kincaid</i>
Greg Blackmore	6:30	11:00		903605	933235	4.5	<i>Greg Blackmore</i>

JOB TYPE Long String HOLE SIZE 7 3/8 HOLE DEPTH 631 CASING SIZE & WEIGHT 5 1/2, 14 #  
 CASING DEPTH 625.32 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER Gus Jones rig  
 SLURRY WEIGHT 13.5 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT IN CASING 0  
 DISPLACEMENT 15.26 DISPLACEMENT PSI 300 MIX PSI \_\_\_\_\_ RATE 4.0

REMARKS: On location at 8:15. Spotted trucks with dozer at 9:00  
Washed in final 5'. Ready to cement at 10:00. See COWS  
ticket for cement job details. Trace oil show  
No top off needed

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>	
930050	1	80-Yac <u>Dozer</u>	
931400	1	Casing Truck	
932895	1	Casing Trailer	
	<u>625.32'</u>	Casing	
	<u>3</u>	Centralizers	
	<u>1</u>	Float Shoe	
	<u>1</u>	Wiper Plug	
		Frac Baffles	
		Portland Cement	
		CSA-122 Sodium Silicate	
		CGL-115 Cement Fluid Loss	
	<u>4 sks</u>	Premium Gel	
		Cal Chloride	
		City Water	
		Chemthix-P Thixotropic	
		KOL Seal	
	<u>1 sk</u>	Cotton Seed Hulls	



**CONSOLIDATED**  
Oil Well Services, LLC

AFE # D13010  
APT # 15-133-27655

TICKET NUMBER 41571  
LOCATION Everka KS  
FOREMAN Shannon Feck

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

**FIELD TICKET & TREATMENT REPORT** Jamno mud  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-3-13	6628	Grasdidier, Francis 14-1				Neosho
CUSTOMER Post Rock Energy Corp			Gus Jones			
MAILING ADDRESS 4402 Johnson Rd			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Chanute			520	John S		
STATE KS			611	Joey K		
ZIP CODE			45247103	Jim m		
			#88	Rudy m	M'Coey Trucking	

JOB TYPE L/S HOLE SIZE 7 7/8" HOLE DEPTH 631' CASING SIZE & WEIGHT 5 1/2" @ 14.4#  
 CASING DEPTH 625.33' CL DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.5 # SLURRY VOL 30 Bbl WATER gal/sk 90 CEMENT LEFT in CASING 0  
 DISPLACEMENT 15.5 Bbl DISPLACEMENT PSI 300 MIX PSI Bump Plug @ 800 RATE Displace @ 4 BPM

REMARKS: Safety meeting, rig up to 5 1/2" casing, wash down 2' w/ 50 Bbl H2O, mixed 400 # gel (wash w/ hulls, 15 Bbl H2O spacer, mixed 85 sks Thickset cement w/ 5 # kol-seal/sk, 1 # phenoseal/sk + 1/4 % CFL-115 @ 13.5 #/gal. Shut down wash out pump + lines, displace w/ 15.5 Bbl H2O, final pumping pressure at 300 psi, bumped plug @ 300 psi, Plug + float held. Good circulation @ all times. 3 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	70	MILEAGE # 1 of 4 wells	4.20	294.00
1126A	85 sks	Thickset Cement	20.16	1713.60
1110A	425 #	Kol-seal @ 5 #/sk	.46	195.50
1107A	85 #	Phenoseal @ 1 #/sk	1.35	114.75
1135A	24 #	CFL-115 @ 1/4 %	11.08	265.92
5407A	4.67 tons	Ton mileage bulk Truck	1.41	460.92
5501C	3.5 hrs	Water Transport	120.00	420.00
5502C	35 hrs	80 Bbl Vac Truck #88 M'Coey Trucking	90.00	315.00
1123	5500 gals	city water	17.30/1000	95.15
			Sub Total	4959.84
			7.3% SALES TAX	174.09
			ESTIMATED TOTAL	5133.93

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

# GUS JONES, LLC

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

## JOB SHEET

AFEH D13090

Date 5-2-13	Start Time	Finish Time	Total Time 6 Hr
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Orderd by : New well wll. co. Lease : Grosdidier

Company : Post Rock Well # : 14-1

Type of Job or Rig : Rig 3

Job Description : Rig up. Run in 5 1/2 inch casing, Recip.  
White cementing land clamp Rig down

Name

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 : \_\_\_\_\_

# Grosdidier, Francis E. 14-1

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	42.44	42.19		Date: 5/3/13
2	42.5	84.44		Well Name & #: Grosdidier 14-1
3	42.5	126.69		Township & Range: 28S-20E
4	42.47	168.91		County/State: Neosho/KS
5	42.53	211.19		AFE#: D13090
6	42.46	253.4		API# 15-133-27655-00-00
7	42.5	295.65		Comments: Projected TD- 625'
8	42.47	337.87		
9	42.53	380.15		
10	42.44	422.34		Joints are numbered in White
11	42.53	464.62		Subs are in orange
12	42.48	506.85		
13	42.52	552.12		Added these subs for flexibility to adjust to actual TD
14	42.46	591.33		
15	42.48	633.56		
16	14.94	605.77		
17	5.27	610.79		Trailer# 932900
18	5.08	615.62		
19	9.95	625.32		Actual TD - 631 Log Bottom - 624.90 Casing Tally - 625.32 No Baffles Centralizers per SOP
20	7.02	632.09		
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PostRock Energy Corp.