



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1157041
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: _____



1157041

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> <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	MCMILLEN, BETTY J 9-3
Doc ID	1157041

All Electric Logs Run

CBL
DIL
CDL
NDL

Air Drilling Specialist
Oil & Gas Wells

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

PO Box 449
Caney, KS 67333

Date Started	5/8/2013
Date Completed	5/13/2013

Operator	A.P.I.#	County	State
Post Rock Energy	15-205-28093-00-00	Wilson	Kansas

Well No.	Lease	Sec.	Twp.	Rge.
9-3	McMillen, Betty J	9	28	17

Type	Driller	Cement Used	Casing Used	Depth	Size of Hole
Oil	Brantley Thornton	Consolidated	20 1/2" 8 5/8	1132	7 7/8

Formation Record

0-100	SHALE	1000-1030	SAND/ DECENT ODOR & SHOW		
100-109	LIME	1030-1060	SAND / STRONG ODOR & SHOW		
109-200	SHALE	1060-1132	SANDY SHALE		
111	WENT TO WATER	1132	TD		
200-230	SAND / DAMP				
230-330	LIME				
240	WENT TO WATER				
330-360	SHALE				
360-390	LIME				
390-530	SHALE				
530-560	LIME				
560-622	SHALE				
622-624	COAL				
624-628	SAND				
628-655	LIME (PAWNEE)				
655-688	SAND				
688-709	LIME (OSWEGO)				
709-715	BLK SHALE (SUMMIT)				
715-724	LIME				
724-730	BLACK SHALE				
730-731	COAL				
731-732	LIME				
732-760	SHALE				
760-800	SAND				
800-887	SHALE				
887-950	SAND				
950-951	COAL				
951-980	SANDY SHALE				
980-990	SAND				
990-1000	SAND / LIGHT ODOR				



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
5-9-13	66028	McMillin Betty 9-3				Wilson
CUSTOMER Post Rock Energy Corp.						
MAILING ADDRESS 4402 Johnson Rd			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Chanute			520	Chris B		
STATE KS			611	Jrey		
ZIP CODE			88	Paul McCoy (McCoy Inc.)		

JOB TYPE <u>surface 0</u>	HOLE SIZE <u>11"</u>	HOLE DEPTH <u>204'</u>	CASING SIZE & WEIGHT <u>8 3/4"</u>
CASING DEPTH <u>201'</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT <u>14.8"</u>	SLURRY VOL <u>19 Bbl</u>	WATER gal/sk <u>6.5</u>	CEMENT LEFT in CASING <u>15'</u>
DISPLACEMENT <u>12 Bbl</u>	DISPLACEMENT PSI	MIX PSI	RATE

REMARKS: Safety meeting. Rig up to 8 3/4" casing. Break circulation w/ 15 Bbl fresh water. Pump 75 sacks class A cement w/ 3% cacl₂ + 2% gel @ 14.8"/gal. Displace w/ 12 Bbl water. Shut casing in w/ 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
54013	1	PUMP CHARGE	870.00	870.00
54016	2	MILEAGE 2nd well off 2	n/c	n/c
11043	75 sacks	class A cement	15.70	1177.50
1102	210"	3% cacl ₂	.78	163.80
1118B	140"	2% gel	.22	30.80
5407	353	long mileage back dir	n/c	368.00
5502C	3 hrs	80 Bbl vac. rate	90.00	270.00
			subtotal	2880.10
			6.3% SALES TAX	86.44
			ESTIMATED TOTAL	2966.54

Ravin 3737

Acc: 5-10-13

AUTHORIZATION NAC 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.



PostRock
Energy Corporation

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

TICKET NUMBER **8056**
FIELD TICKET REF # _____
FOREMAN Nathan Gahman
AFE D13016
SSI _____
API 15-205-28093-00-00

**TREATMENT REPORT
& FIELD TICKET CEMENT**

DATE	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
5-14-13	McMillen, Betty J. 9-3		9	28S	17E	Wilson	
FOREMAN/ OPERATOR	TIME IN	TIME OUT	LESS LUNCH	TRUCK #	TRAILER #	TRUCK HOURS	EMPLOYEE SIGNATURE
Nathan Gahman	12:00	4:30		905575		4.5	<i>[Signature]</i>
Chris Kincaid	1	3:30		903142	932900	3.5	<i>[Signature]</i>

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 1132 CASING SIZE & WEIGHT 5 1/2, 14#
 CASING DEPTH 1127.33 DRILL PIPE _____ TUBING _____ OTHER Bus Jones rig
 SLURRY WEIGHT 13.9 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 0
 DISPLACEMENT 27.5 DISPLACEMENT PSI 500 MIX PSI _____ RATE 4.0

REMARKS: On location at 12:00. Ready to run casing at 12:30.
Washed in Ring 2-5', Ready to cement at 2:00.
See COWS ticket for cement job details. Fair oil
show May need top off.

ACCOUNT CODE	QUANTITY OR UNITS	DESCRIPTION OF SERVICE OR PRODUCT	TOTAL AMOUNT
905575	1	Foreman Pickup	
		Cement Pump Truck	
		Bulk Truck	
		Transport Truck	
		Transport Trailer	
931610	1	80 Vac Dozer	
903142	1	Casing Truck	
932900	1	Casing Trailer	
	1127.33	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

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

AFE# D13016
AP3# 15-205-28893

TICKET NUMBER 41568

LOCATION Emery

FOREMAN Rick Lefford

FIELD TICKET & TREATMENT REPORT
CEMENT

John R. M.

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY			
5-14-13	66628	McMillen Betty J 9-3		28S	17E	Wilson			
CUSTOMER <u>Post Rock Energy Corp</u>									
MAILING ADDRESS <u>4462 Johnson Rd</u>									
CITY <u>Chanute</u>		STATE <u>KS</u>	ZIP CODE						
		TRUCK #		DRIVER		TRUCK #		DRIVER	
		<u>520</u>		<u>John</u>					
		<u>515</u>		<u>Meite</u>					
		<u>98</u>		<u>Rudy McCoy (1) McCoy Truck</u>					

JOB TYPE L/S 0 HOLE SIZE 7 7/8" HOLE DEPTH 1132' CASING SIZE & WEIGHT 5 1/2" 14"
 CASING DEPTH 1122.33 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.7" SLURRY VOL 52 Bbl WATER gal/sk 6.02 CEMENT LEFT in CASING 0'
 DISPLACEMENT 27 1/2 Bbl DISPLACEMENT PSI 500 MIX PSI 1000 Comp plus RATE 4 BPM

REMARKS: Safety meeting. Rig up to 5 1/2" casing w/ washhead. Washdown 25' to P&ID. Pump 500# gel flush w/ balls, 15 Bbl water spacer. Mixed 200 sxs 50/50 Pozmix cement w/ 2% gel, 2% cacl2, 3" col-sol/lvs, 5" Kal-sol/lvs, 1" phenol-sol/lvs + 4% CR-115 @ 13.7"/gal. Washhead pump + lines, release plug. Displace w/ 27 1/2 Bbl fresh water. Final pump pressure 500 PSI Comp plus to 1000 PSI release pressure float + plug held. Grand 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 <u>2nd well rd. 2</u>	n/c	n/c
1124	<u>200 sxs</u>	<u>50/50 Pozmix cement</u>	11.50	2300.00
1118B	<u>385"</u>	<u>2% gel</u>	.22	84.70
1102	<u>385"</u>	<u>2% cacl2</u>	.78	301.30
1101	<u>1000"</u>	<u>3" col-sol/lvs</u>	.42	252.00
1116A	<u>1000"</u>	<u>5" Kal-sol/lvs</u>	.46	460.00
1107A	<u>200"</u>	<u>1" phenol-sol/lvs</u>	1.35	270.00
1135A	<u>50"</u>	<u>11476 CR-115</u>	11.08	554.00
5407A	9.6	ten mileage back rd	1.41	1676.80
5502C	3 1/2 hrs	80 Bbl APC APX	90.00	315.00
			subtotal	6297.80
			SALES TAX <u>6.3%</u>	265.92
			ESTIMATED TOTAL	6563.72

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

AFKH D13016

Date	Start Time	Finish Time	Total Time
5-14-13			6 HR

Orderd by : Wil. Co. New well Lease : McMillen

Company : Post Rock 4 Well # : 9-3

Type of Job or Rig : Rig 3

Job Description : Drive too loc. Rig up. Run in 5 1/2 casing
 Recip. white cementing Lead clamp. Rig down

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 : _____

McMillen, Betty J. 9-3

Pipe #	Joint Length	Running Total - NO threads	Baffle Location	PostRock Energy- Casing Tally Sheet
1	42.44	42.19		Date: 5/14/13
2	42.5	84.44		Well Name & #: McMillen, B 9-3
3	42.52	126.71		Township/Range 28S-17E
4	42.55	169.01		County/State: Wilson/KS
5	42.44	211.2		AFE#: D13016
6	42.48	253.43		API# 15-205-28093-00-00
7	42.5	295.68		Comments: Projected TD- 1125'
8	42.51	337.94		
9	42.54	380.23		Joints are numbered in White
10	42.46	422.44		
11	42.45	464.64		Subs are in orange
12	42.46	506.85		
13	42.47	552.07		Added these subs for flexibility to adjust to actual TD
14	42.47	591.29		
15	42.47	633.51		
16	42.48	675.74		
17	42.48	717.97		Trailer# 931900
18	42.51	760.23		
19	42.45	802.43		Actual TD - 1132 Log Bottom - 1128.70 Casing Tally - 1127.33 No Baffles Centralizers per SOP
20	42.5	844.68		
21	42.02	886.45		
22	42.49	928.69		
23	42.52	970.96		
24	42.54	1013.25		
25	42.54	1055.54		
26	42.54	1097.83		
27	14.85	1112.43		
28	10.06	1122.24		
29	5.34	1127.33		
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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

September 03, 2013

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

Re: ACO1
API 15-205-28093-00-00
MCMILLEN, BETTY J 9-3
NW/4 Sec.09-28S-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